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TRANSACTIONS

—OF THE—

Medical and Chirurgical Faculty

—OF THE—

STATE OF MARYLAND,

Ninety-Fifth Annual Session

—HELD AT—

BALTIMORE, MARYLAND, APRIL, 1893.

—ALSO—

Semi-Annual Session, Held at Easton, Md., Nov., 1892.

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202 E. Baltimore Street,
1893.

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TO AUTHORS. Contributors to any volume of the TRANSACTIONS are requested to observe the following: 1st, Write on one side of the paper only. 2nd, Write without breaks, *i. e.*, do not begin a new sentence on a new line; when you want to begin a new paragraph, begin in the middle of the line. 3rd, Draw a line along the margin of such paragraphs as should be printed in smaller type—for instance, all that is clinical history in reports of cases, or that which is quoted, &c. 4th, Words to be printed in *italics* should be underscored once; in SMALL CAPITALS twice; in LARGE CAPITALS three times. 5th, Proofs sent for revision should be returned without delay; authors who contemplate a temporary absence from their regular residence any time during the summer, should notify the Recording Secretary, thus avoiding vexatious delays in the delivery of proof. 6th, Authors whose papers have been "accepted" by the Faculty and referred to the Publication Committee—such papers thus becoming the property of the Faculty—are expected to place the original or a verbatim printable copy on desk of the Recording Secretary immediately after the reading of the same. 7th, The Publication Committee is instructed by the Faculty to publish no paper that has been read before a local medical society prior to the publication of the TRANSACTIONS of the Faculty. 8th, Alterations in manuscript should be limited to what is of essential importance, they are equivalent to resetting, and cause additional expense, such changes, if they exceed half a page of printed matter, as also all wood cuts, photographs and electrotypes, are invariably to be paid for by authors.

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Semi-Annual Meeting.

EASTON, MD.,
Nov. 15th, 1892, First Day.

The Semi-Annual Convention for 1892 of the Medical and Chirurgical Faculty of Maryland, was called to order this day by the President, Dr. L. McLane Tiffany. Dr. Robert T. Wilson, Assistant Secretary, and Dr. Wm. B. Canfield, Reporting Secretary, were at their desks.

The members of the profession present, numbering forty, were invited to seats in the Convention and to participate in the debates.

Dr. E. R. Trippe, of Easton, delivered the address of welcome, cordially welcoming the visiting members of the Faculty.

The President, Dr. L. McLane Tiffany, replied, and urged upon the profession of Maryland the necessity of becoming members of the Faculty.

The papers of the morning being called, Dr. Wm. T. Howard, Jr., read his paper on *The Amœba Coli, its Importance in Diagnosis and Prognosis.* The paper was discussed by Drs. S. K. Merrick, Amos L. Gage, S. T. Earle, J. Whitridge Williams, L. McLane Tiffany, W. B. Canfield, and Charles Rose.

The second paper was read by Dr. Walter B. Platt, on *The Modern Treatment of Club Foot, Illustrated with Casts and Cases.*

The next paper was read by Dr. John N. Mackenzie, entitled *Remarks on the Nose, with Classical References,* and *A Resume of the Treatment of Nasal Occlusion.*

Dr. S. K. Merrick read a paper on *The More Common forms of Nasal Stenosis.*

A paper was read by Dr. Hiram Woods on *The Importance of Determining the Cause of Repeated Attacks of Earache, which Subside Apparently without Injury to the Ear.*

These papers were discussed conjointly by Drs. Woods, Merrick and Mackenzie.

On motion, the Faculty adjourned at 1.30 P. M., to meet at 3 P. M.

ROBERT T. WILSON,
Assistant Secretary.

AFTERNOON SESSION.

The Faculty was called to order at 3.25 P. M. The reading of papers was resumed, and Dr. Samuel T. Earle read his paper on *A Successful Case of Colectomy for Closure of an Artificial Anus.* The paper was discussed by Drs. Tiffany and Ashby.

The next paper was read by Dr. Wm. B. Canfield, on *The Importance of Symptom Treatment in Pulmonary Consumption.*

The next paper was read by Dr. John Whitridge Williams, on *Genital Tuberculosis In Women, Its Frequency and Clinical History.*

Dr. Robert T. Wilson read a paper on *Circumscribed Peritoneal Dropsy, Simulating an Ovarian Tumor.*

These two papers, being on kindred subjects, were discussed conjointly by Drs. Ashby, Wilson, Howard, Earle, Merrick, Tiffany and Williams.

Dr. S. T. Earle reported from the Board of Medical Examiners.

On motion, the Faculty adjourned, to meet to-morrow, Wednesday, November 16th, 1892, at 10 A. M.

ROBERT T. WILSON, M. D.,
Assistant Secretary.

Second Day.

EASTON, Nov. 16th, 1892.

The Medical and Chirurgical Faculty of Maryland met as per adjournment, at 10 A. M., this day. Dr. L. McL. Tiffany in the chair; Dr. Robt. T. Wilson, Assistant Secretary. About forty-five members of the medical profession were in attendance.

The first paper was read by its author, Dr. T. A. Ashby, on *Observations on the Relation of the Organs of Reproduction to Cerebro-Spinal Disturbances in Women.* The subject was discussed by Drs. Preston, J. Whitridge Williams, W. E. Mosley, A. K. Bond and Robt. T. Wilson.

The next paper was read by Dr. W. S. Halsted, on *The Radical Cure of Hernia, with exhibition of two patients and Diagrams illustrating the operation.*

Dr. A. Kerr Bond read his paper on *Some Therapeutic Uses of the Galvanic Current.*

The next paper was read by Dr. J. M. T. Finney, entitled *Operation for Removal of Peach-Stone lodged in the Oesophagus.*

Dr. Geo. J. Preston read his paper on *Localization of Tumor of the Brain*, and exhibited pathological specimens showing various forms of Brain Tumors.

On motion the Faculty adjourned at 1.30 P. M., to meet at 3 P. M.

ROBERT T. WILSON, M. D.,
Assistant Secretary.

AFTERNOON SESSION.

The Faculty was called to order at 3.10 P. M.

The President announced that Dr. Julius A. Johnson, of Easton, had presented to the Library of the Faculty a large Atlas of Obstetrical plates, with a full description of each plate in Latin and English; on a page of the volume was printed—published November 15th, 1774 (in England), by Dr. Hunter, (we suppose the author to be Dr. Wm. Hunter); the plates show that they were executed on copper plates by artists of great skill.

On motion of Dr. Robt. T. Wilson, the thanks of the Faculty were voted Dr. Julius A. Johnson for this valuable work.

The reading of papers being resumed, Dr. I. R. Trimble read his paper entitled, *Report on Head Injuries.*

The next paper was read by Dr. Fred. Dunning, on *A Short Study in Clinical Obstetrics.*

The paper was commented on by Drs. Gardner, Earle, Bond, Gage, Mosley, Preston and Tiffany.

The President read a communication from the Secretary of the Pan-American Congress (which is to meet in Washington in 1893), requesting the physicians of this Convention to endorse the action of the officers of the Pan-American Congress in asking Congress to make an appropriation to the Pan-American Congress.

The next paper was read by Dr. S. J. Fort, on *The Therapeutics of Epilepsy.* The paper was discussed by Drs. Bond and Fort.

Dr. Chas. F. Bevan read a paper entitled, *Dilating Urethrotomy.*

On motion of Dr. Geo. J. Preston, the thanks of the Faculty were voted to the physicians of Easton for their hearty reception of the Faculty, and the Semi-Annual Meeting of 1892 adjourned *sine die.*

ROBERT T. WILSON, M. D.,
Assistant Secretary.

Special Meeting.

HALL OF THE FACULTY,
St. Paul and Saratoga Streets,
January 30th, 1893.

The Faculty was called in Special Session, the President, Dr. L. McLane Tiffany, in the Chair. He explained to the Faculty that the object of the meeting was to urge Congress, now in session, to continue the publication of the *Index Medicus*, and also for the Faculty to take more defined action regarding public health.

Dr. I. E. Atkinson offered the following resolutions, which, after being endorsed by remarks by Drs. Atkinson, Welch, Taneyhill, Blake and others, were adopted ;

WHEREAS, It is understood that the Congressional Committee on Appropriations has withdrawn the usual annual appropriation for the publication of the Index Catalogue of the Surgeon General's Library, of which thirteen volumes have already been published, and only three remain to be published, and,

WHEREAS, This magnificent publication, which is a complete bibliography of medicine, is of great use to medical men in this and other countries, and is therefore an object of especial interest and pride to the medical profession, therefore,

Resolved, That the Medical and Chirurgical Faculty of the State of Maryland, in Special Meeting now assembled, most earnestly protest against the withdrawal of this appropriation, and,

Resolved, That a copy of this resolution be sent to each Representative of this State in Congress.

The discussion of the resolutions developed the fact that several officers had, in answer to a circular letter, already telegraphed members of Congress on the subject. Their action was, on motion of Dr. Biedler, endorsed by the Faculty.

Dr. Wm. H. Welch explained to the Faculty the partial success those interested had made in regard to the establishment of a permanent disinfecting station, and also referred to the subject of the necessity of the Faculty using its influence in connection with the Charity Organization Society of the city to prevent the importation of infectious diseases. With this object in view, he offered the following resolution, which, after being discussed by Drs. R. Winslow, John Morris and others, was adopted:

Resolved, That an Advisory Committee on Public Health be appointed by the President of this Faculty. This Committee shall consist of seven members, including the President. It shall be empowered to consider matters relating to public health and the protection of our city against the importation and spread of infectious diseases. It may consult and act with the Commissioners of Health and with committees and representatives of other organizations in regard to these matters.

As bearing on this same question, but taking a wider range of the subject, Dr. Morris, in the absence of the author, Dr. C. W. Chancellor, read the following series of resolutions, which, on motion of Dr. Ashby, were referred to the incoming Advisory Committee, with power to act;

Resolved, That, in view of the present threatening aspect of Asiatic cholera, we urge upon the general government the maintenance of such a health service abroad as shall, by rigid inspection at the port of embarkation, ascertain the condition, as to disease and infection, of all persons and things from infected districts, and secure the surveillance of

such persons and things while on shipboard, and, when necessary, their detention at quarantine stations on this side for treatment and disinfection.

Resolved, That the removal of all local unsanitary conditions favorable to the development of cholera should be vigorously prosecuted before the disease reaches our shores, and to this end the following precautions are recommended to be enforced in every city and town in the State.

1st. That all streets, alleys, by-ways, yards, cellars, slaughter houses, markets, vacant lots, soap factories, rendering establishments, junc shops, &c., be kept at all times thoroughly cleansed, and disinfected from day to day, or week to week, as may be necessary.

2nd. That all privy vaults, cess pits and cesspools be emptied before the 15th day of April, 1893, in the most thorough manner practicable; and that each and every receptacle of the kind be disinfected at least once every week with large quantities of hypochloride of lime or other suitable and efficient disinfectant, by the public authorities.

3rd. That all sewers and public drains be flushed at least once in every month, and subsequently disinfected with a strong solution of sulphate of iron and carbolic acid, or by the development of sulphurous acid gas in the sewers, or a combination of these methods, as may seem best.

4th. That rigid inspection of all fruits, vegetables, meats, fish—in fact of all eatables and liquids be established, as far as possible, and where any taint is discovered the article tainted be confiscated and destroyed.

5th. That all private and public houses, tenement houses, factories, public institutions, play houses, &c., be regularly visited for the inspection of the ventilation, water closets, sinks, drains, &c., and that the strictest rules of cleanliness be enforced.

6th. That constant supervision be kept over the water supply of the city, by a well organized corps of inspectors, exercising constant and thorough surveillance over the entire water shed, and that the water be subjected to a well regulated system of public filtration before it enters the city mains.

7th. That it is the duty of every city and town, in addition to other sanitary work under the Act of the General Assembly, chapter 155, laws of 1882, to see that their respective localities have set apart, erected or planned to be set apart or erected, structures which shall possess the sanitary requirements of an isolation hospital.

8th. *Resolved*, That the aid and influence of this Faculty be, and is hereby tendered the State Board of Health, in case of a cholera invasion, in stamping out the disease from the infected localities, and in preventing its spread from one community to another in the State.

Dr. S. T. Earle in response to questions from Drs. E. F. Cordell and Joseph T. Smith reported that the Committee of which he was Chairman, had received encouragement from the City Council regarding the establishment of a disinfecting plant, and also the erection of hospital for infectious diseases.

Dr. Welch also explained that the proposed hospital was intended for the reception of first cases, to be on the pavilion system, to have about forty beds, each pavilion to be utilized for a separate disease, but not with a view of being able to meet the demands of a general epidemic.

There being no further business, the Faculty adjourned.

G. LANE TANEYHILL,
Recording Secretary.

Special Meeting.

HALL OF THE FACULTY,
St. Paul and Saratoga Streets,
BALTIMORE, MD., Feb. 8th, 1893.

The Faculty was called in Special Session by the President, Dr. L. McLane Tiffany, to meet this eve with a view of urging the passage by Congress of a suitable Bill enlarging the powers of Quarantine officers, especially Federal, but as an apparently satisfactory bill had "passed" between the time of calling this meeting and its convening, it was reserved, as the President remarked, to turn the meeting into one of congratulation.

Remarks on the necessity of such a bill and the power that should be given Federal officers, were made by Drs. P. C. Williams, J. J. Chisolm, David Streett, W. E. Mosley, G. Lane Taneyhill, J. W. Chambers and others.

On motion the following preamble and resolution, offered by Dr. J. J. Chisolm, were adopted by the Faculty:

The medical profession of Baltimore, assembled for the purpose of giving their unqualified endorsement to the National Quarantine Bill, with its protection against the importation of infectious diseases, order the following to be entered on the minutes of the Faculty:

Resolved, That the thanks of the medical profession be sent to our representative in Congress, Hon. Isidor Rayner, for his good work in urging to a successful issue the National Quarantine Bill, which now goes up to the President for his signature.

On motion the Recording Secretary was ordered to forward a copy of the above resolution to Mr. Rayner, and to give to the press of the city a minute of this meeting.

The Faculty adjourned.

G. LANE TANEYHILL,
Recording Secretary.

MINUTES.

Annual Convention.

HALL OF THE FACULTY,
St. Paul and Saratoga Streets,
BALTIMORE, MD., April 25th, 1893.

The Faculty was called to order by the President, Dr. L. McLane Tiffany, this day at 12.30, it being the 95th Annual Session. The Secretaries and Treasurer were at their desks. There was a very large attendance.

The proceedings were opened by prayer by Rev. Arthur C. Powell, D. D.

On motion the calling of the roll and reading of the minutes were dispensed with. Preliminary announcements were made by Recording Secretary Taneyhill, in which he read and explained the order of business of the Sessions, and on his motion the hours were fixed at 12 M. to 3 P. M., and 8 P. M. to 10.30 P. M., daily, but no adjournment to take place while a paper is before the Convention.

The Board of Examiners reported through the Chairman, Dr. Wilmer Brinton, the following list of candidates for membership in the Faculty, to be voted upon to-morrow, April 26th:

Edw. J. Bernstein, Chas. F. Davidson, Richard F. Gundry, Thos. W. Greenley, Henry Barton Jacobs, Jno. H. Jamar, Ferdinand C. Link, J. William Lord, Wm. Preston Miller, Milton D. Norris, R. B. Norment, Geo. H. Riggs, R. P. C. Scheidt, J. Holmes Smith, Clifford M. Stelle, Wm. S. Smith, Edwd. A. Scott, Geo. C. Shannon, W. S. Thayer, Edwd. Richard Trippe, J. Tassey Waltemeyer, J. Percy Wade, Jas. E. Whiteford.

The President read his address on the *Treatment of Neuralgia of the Trigeminal Nerve, with special reference to the relief obtained by excision of the Gasserian Ganglion.*

On motion of Dr. Jas. A. Stewart, the thanks of the Faculty were voted the President, and a copy of his address requested for publication.

The Section on Surgery being called, Dr. F. C. Bressler read his volunteer paper, *Case of Acute Infectious Periostitis of Fibula*, with exhibition of patient. The paper was discussed by Dr. W. H. Welch.

Dr. W. B. Platt read his paper on *Plastic Surgery of the Face*, illustrated with cases; and he also exhibited a new form of Infantile Truss, composed of skeins of white worsted, and explained its application. The paper was discussed by Dr. A. K. Bond.

The Section on Practice of Medicine being called, Dr. Chas. O'Donovan read his paper entitled, *Is Baltimore City supplied with good drinking water?*

By unanimous consent, the President recognized Dr. Thos. H. Brayshaw, who presented an invitation from the Anne Arundel County Medical Society to the Faculty to hold its next Semi-Annual Meeting at Annapolis, Md. The invitation was referred to the Executive Committee, which by the Constitution, is empowered to name the time and place of the Semi-Annual Meetings.

Other papers were called, but on account of the absence of the authors and lateness of the hour, the Faculty adjourned to meet at 8 o'clock to-night.

G. LANE TANEYHILL, M. D.,
Recording Secretary.

HALL OF THE FACULTY,

Tuesday Night, April 25th, 1893.

The Faculty met at 8 P. M. on call of the First Vice President, Dr. John W. Chambers, in the absence of the President.

The minutes of the last meeting were read by the the Recording Secretary and adopted by the Faculty.

The reading of papers in the order as printed was resumed, Dr. Wm. F. Lockwood reading his paper entitled *Notes on Measles from Seventy-nine Cases in an Institution.* The paper was discussed by Dr. Norment and referred to the Publication Committee.

Dr. Wm. T. Howard, Jr., read his paper, entitled *A Report of a case of Diphtheria of the Heart.* The case was discussed and commended by Drs. Wm. H. Welch, Wm. Lee Howard and Joseph Harris.

The next paper was read by Dr. George H. Rohe, entitled *The Hypodermic Injection of Solution of Magnesium Sulphate as a Purgative.*

Dr. Edward Anderson read a paper on *Calomel*, which was followed by a paper by Dr. J. S. Fulton on *Subcutaneous Emphysema*, Case Complicating Measles.

The paper of Dr. Fulton was followed by remarks on the same subject by Dr. Wm. H. Welch.

The paper of Dr. Hemmeter, on account of the absence of that gentleman, was postponed.

Dr. W. A. B. Sellman read a paper on *The Treatment of Metritis and Endometritis by the Electrical Current.* The subject was discussed by Dr. Howard Kelly. This was followed by remarks by Dr. Howard Kelly on *Modern Gynæcology*, illustrated by stereopticon views,

Dr. Brinton, Chairman of Examining Board, proposed the names of Drs. Chas. H. Mitchell and L. Gibbons Smart for membership.

At 11 P. M., after a most interesting session, the Faculty adjourned, to meet at 12 M. Wednesday, April 26th.

G. LANE TANEYHILL, M. D.,
Recording Secretary.

HALL OF THE FACULTY,
Wednesday, April 26th, 1893.

The Faculty was called to order by the President at noon this day. The minutes of the previous meeting were read and approved.

The regular order was resumed, and Dr. A. K. Bond, Chairman of the Section on Materia Medica and Chemistry, read his paper on *The present status of Drug Therapeutics as applied by the General Practitioner.*

At this juncture the Faculty went into election of candidates to membership, with Drs. Iglehart and Billingslea as tellers, which resulted in the election of the following ;

Drs. Edward J. Bernstein, C. F. Davidson, Richard F. Gundry, Thomas W. Greenley, Henry B. Jacobs, J. H. Jamar, F. C. Link, J. W. Lord, Chas. H. Mitchell, Wm. P. Miller, M. D. Norris, R. B. Norment, G. H. Riggs, L. G. Smart, R. P. C. Scheidt, E. A. Scott, G. C. Shannon, J. H. Smith, Wm. S. Smith, Clifford M. Stelle, W. S. Thayer, E. R. Trippe, J. Percy Wade, J. T. Waltemeyer, J. E. Whiteford.

An invitation to visit the Sheppard Asylum was received from the Superintendent, Dr. E. N. Brush, and the Trustees of the institution; the invitation was accepted with thanks.

Dr. Wilmer Brinton, Chairman of Examining Board, proposed for the committee the names of the following candidates for membership:

Drs. H. K. Derr, R. Percy Smith, B. A. Turner, D. W. Smith, and H. S. Jarrett.

The credentials of Dr. T. C. Gilchrist, a delegate from the Medical and Surgical Society of Baltimore, were filed.

The Faculty took up the special subject arranged by the Executive Committee, namely, a discussion on *Puerperal Infection, with Special reference to Auto-Infection.* That part of the subject on the etiology and prophylaxis was opened by *referee*, Dr. J. Edwin Michael. He was followed by Dr. J. Whitridge Williams, on the bacteriology of the same, and Dr. T. A. Ashby followed, on the clinical history and treatment.

At the conclusion of this paper, the hour for adjournment having arrived, on motion of Dr. Rohe, it was ordered that the discussion of this subject by co-referees and volunteer speakers be suspended and be resumed as the first order on Thursday morning after the reading of the minutes.

On motion, the Faculty adjourned, to meet in business session to-night.

G. LANE TANEYHILL, M. D.,
Recording Secretary.

HALL OF THE FACULTY,
APRIL 26th, 1893. Night Session.

The Faculty was called to order by the President. There was a very large attendance of members. The minutes of last meeting were read and approved.

Dr. James M. Craighill, Corresponding Secretary, made a verbal report. Dr. G. Lane Taneyhill, the Recording Secretary, read his report, in which he informed the Convention that all the diplomas had at last been filled out.

Dr. Wm. Frederick Kemp, Treasurer, reported the receipts of last year to have been $2,195.96, and the disbursements the same; and that there still remained a deficit from previous years unpaid of $559.52, and that there is due the Library Board $84.74. The report was ordered to be audited by the Executive Committee.

Dr. Wm. H. Welch, Chairman, read the report of the Executive Committee. It was adopted.

Dr. B. B. Browne, Chairman, read the report of Library Committee. It was accepted.

Dr. G. Lane Taneyhill, Chairman, read the report of the Publication Committee. It was accepted.

Dr. E. F. Cordell, Chairman, read the report of the Memoir Committee. It referred to the deaths of Drs. W. C. Van Bibber, John Van Bibber, and A. S. Wagner. It was accepted.

No report was made by the Committee on Ethics, and none by the Curator.

Dr. T. A. Ashby, Chairman of Membership Committee, under reports of Special Committees, made a verbal report, in which he informed the Faculty that over 100 members had joined the Society during the past year.

Dr. S. T. Earle, Chairman of State Licensing Board, made a partial report, and at its conclusion requested that members of the Faculty who may have cognizance of infractions of the "Medical Law" report to the Board such infractions.

Dr. Geo. H. Rohe, for the Committee, reported progress in regard to the Pan-American Congress.

Dr. Hiram Woods, Chairman, reported from the Committee on Preventable Blindness in the State.

Dr. S. T. Earle, Chairman of Committee on Disinfection by Heat, made a verbal report.

All the above Special Committees were ordered continued.

Under Unfinished Business Dr. T. A. Ashby, of a previous Executive Committee brought up the amendments offered by said committee a year ago, and they were all *adopted*, as follows:—

In Article V, Section 1, omit the words "and Sections"—and all that follows after the words "Committee on Ethics," insert "Committee on Programme" after "Committee on Ethics."

Omit the word Section or Sections (when used to designate Section on Surgery, Section on Practice of Medicine, etc., as enumerated in Article V, Section 1,) from Article III, Sections 1, 3, 5, 7, Article V, Section 2, and change the phraseology to correspond to these omissions. Omit the last paragraph beginning "each Section," etc., in Article V, Section 2. Change Article III, Section 1, paragraph 2, to read thus: He shall call a special meeting at such times as the interests of the Faculty may require.

In Article VI, after Section 5, introduce the following; "Section 6." *The Committee on Programme* shall procure papers to be read at the Annual and Semi-Annual Meetings of the Faculty.

Make membership of Executive Committee 7 instead of 6, including Recording Secretary and Treasurer *ex-officio* members of this Committee.

Under *By-Laws*, Section 1, omit "13, Report of Sections, in order of appointment," in the following line omit the word "Volunteer," and in order "18, announcement of Committees, Sections, etc.," omit the word "Sections."

In amendments of April 27, 1888, by the Secretary, omit the word "Sections."

Introduce motion limiting time for reading papers (with exception of the general addresses) to 20 minutes.

Under New Business, on motion of Dr. W. H. Welch, Chairman of the Executive Committee, the following was *ordered*:

Resolved, That the Recording Secretary be directed to assist the Chairmen of the Examining Boards to prepare and issue the diplomas of membership, it being already his duty to affix the seal to the diplomas.

On motion of Dr. Geo. H. Rohe the same resolution that was passed last year restricting the publication of the Transactions was adopted.

On motion of Dr. B. B. Browne, of the Library Board, it was

Ordered, That a committee of fifteen be appointed by the outgoing President to consider the ways and means of a permanent location for the Faculty, and on motion of Dr. Taneyhill it was ordered that said committee report at a called meeting, when they, the committee, have suggestions and matured plans to present.

By Dr. A. K. Bond:

Be it Resolved, That the Executive Committee of this Faculty be, and hereby is, instructed to provide for complete stenographic reports of the verbal addresses and discussions of each future session of the Faculty, provided it can be done for not more than ten dollars a day, and to arrange for the publication of the same in the Maryland Medical Journal and in such other journals as the committee shall see fit. The expenses of the stenographic work to be paid out of the funds of the Faculty.

On motion of Dr. Taneyhill the resolution was referred to the Executive Committee, with power to act.

On motion of Dr. Joseph T. Smith, it was ordered that the Committee on Preventable Blindness, and that on Disinfection by Heat, under pressure, be continued.

On motion of Dr. Taneyhill, the following was adopted:

That under paragraph 40, on Friday, April 28th, 1893, the Treasurer be requested to report to the Faculty the *number* of members in arrears up to April 28th, 1893, and the *amount* due from such members. This resolution *not* contemplating dues for the year which began with this Convention, and also not contemplating the announcement of any names.

Dr. W. F. A. Kemp, the Treasurer, offered the following resolution in regard to assessments. It was, on motion of Dr. Michael, ordered to be considered on Friday.

To meet the necessary expenses of printing Transactions of last year and those ordered at this session, and, to liquidate the deficiency reported by the Treasurer,

Resolved, 1st, That this Faculty in session assembled, order the laying of an *assessment* of $2 on city members, and $1 on members not resident in the city, that this Faculty may be provided with sufficient means to have its constitutional requirements complied with.

Resolved, 2nd, That this assessment be only for the present year.

Dr. M. B. Billingslea offered the following *amendment*, which lies over for a future meeting:

That we create an additional Standing Committee, whose duty it shall be to recommend and urge municipal, state and national legislation in the interests of the health of the people, and of the medical profession.

Dr. Brinton, Chairman of Examining Board, recommended the following for membership:

Drs. D. W. Smith, H. S. Jarrett, Timothy Griffith, H. K. Derr, R. Percy Smith and B. A. Turner.

The election of officers resulted as follows:

President.—Dr. Geo. H. Rohe.

Vice-Presidents.—Dr. John D. Blake, Dr. John S. Fulton.

Recording Secretary.—Dr. G. Lane Taneyhill.

Assistant Recording Secretary.—Dr. Robt. T. Wilson.

Corresponding Secretary.—Dr. Jas. M. Craighill.

Reporting Secretary.—Dr. Wm. B. Canfield.

Treasurer.—Dr. W. F. A. Kemp.

Executive Committee.—Drs. L. McLane Tiffany, Wm. H. Welch, T. A. Ashby, Hiram Woods, Jr. and ex-officio, the President, Recording Secretary and Treasurer.

Examining Board of Western Shore.—Drs. P. C. Williams, J. E. Michael, David Streett, W. E. Mosley, B. B. Browne, Jas. F. McShane, Herbert Harlan.

Examining Board of Eastern Shore.—Drs. W. F. Hines, B. W. Goldsborough, Monmonier Rowe, G. E. Dickinson, Jas. Bordley.

At a late hour the Faculty adjourned, to meet at 12 M., Thursday, 27th.

G. LANE TANEYHILL, M. D.,
Recording Secretary.

HALL OF THE FACULTY,
Thursday, April 27th, 1893. Day Session.

The Faculty was called to order by the President. There was a large attendance. The minutes of the last session were read and approved.

The discussion of *Puerperal Infection* was resumed, as per order, and the co-referees, Drs. Wilmer Brinton, W. S. Gardner and L. E. Neale, occupied their allotted time thereon. Volunteer remarks were made on the

same subject by Drs. A. K. Bond, Henry Hill, P. C. Williams and E. M. Schaffer.

The Faculty elected, at this juncture, the following candidates to membership:

Drs. H. K. Derr, Timothy Griffith, H. C. Jarrett, D. W. Smith, R. Percy Smith and B. A. Turner.

The Section on Sanitary Science being called, Dr. W. B. Canfield read his paper on *Some Clinical Aspects of Immunity*; it was discussed by Dr. I. E. Atkinson.

Dr. E. M. Schaffer, under same Section, read a volunteer paper entitled, *An Ounce of Prevention; or, What the Poor Man Can Do to Escape Cholera—and the Doctor.*

The paper of Dr. H. J. Berkley, in that gentleman's forced absence, was by order, read by Dr. H. M. Thomas, of the Section on Psychology and Medical Jurisprudence, the paper was entitled, *General Paralysis in the Negro Race*; the subject was discussed by Drs. Wm. Lee and E. N. Brush.

The resignation of Dr. C. W. Chancellor was read and accepted, as also that of Dr. L. F. Ankrim.

After several announcements the Faculty adjourned to meet at 8 o'clock to-night, and it was *ruled* by the Acting President, Dr. G. H. Rohe, that the reading of papers would be resumed in the order of Thursday's unfinished assignment, on Friday morning, immediately after the reading of the minutes.

G. LANE TANEYHILL, M. D.,
Recording Secretary.

HALL OF THE FACULTY,
April 27th, 1893. Night Session.

The Faculty met pursuant to adjournment, the President, Dr. Tiffany, in the Chair. On motion of the Secretary the reading of the minutes was postponed until Friday morning.

In the absence of the Chairman of the Examining Board, the following named gentlemen were recommended by Dr. Michael, a member of the Board, for Honorary membership, viz.: Drs. Joseph Tabor Johnson, Frederick Lange and Reginald H. Fitz, and for Active membership, Drs. Theodore W. Glocker, Jno. B. Hart and P. Bryson Wood; the names to be voted on at Friday's session.

The order of the evening was immediately taken up, the President introducing Professor Reginald H. Fitz, of Harvard University, who delivered the Annual Address on *Intra Peritoneal Hæmorrhage.*

On motion of Dr. I. E. Atkinson the thanks of the Faculty were, by standing vote, tendered to Professor Fitz for his able paper and a copy requested for publication.

On motion the Faculty adjourned to meet at 12 M., Friday, April 28th.

G. LANE TANEYHILL, M. D.,
Recording Secretary.

HALL OF THE FACULTY,
Friday, April 28th, 1893. Day Session.

The Faculty was called to order by the President, Dr. Tiffany. Minutes of day and night sessions of Thursday were read and approved.

Unfinished reports being taken up, Dr. J. C. Hemmeter, of Section on Anatomy and Physiology, read his paper on *Biological Aspect of Blood and Blood Vessels*, which was discussed by Dr. Wm. H. Welch. This was followed by a paper from the Psychological Section, by Dr. A. L. Hogdon, on *Hereditary Influence, its relation to Mental Diseases*, it being discussed by Drs. Jno. Morris, I. E. Atkinson, Wm. H. Welch, Joseph T. Smith, L. McLane Tiffany, James C. Thomas, L. E. Neale, G. H. Rohe, Robt. T. Wilson and Robt. H. Goldsmith. This was followed by Dr. Henry M. Thomas, of same Section, who read a paper entitled, *Syphilis as a cause of Nervous Disease.*

Dr. B. D. Evans read a paper on a case of *Periodical Insanity, with the Menstrual Function the exciting cause of Outbreaks.*

Dr. Wm. H. Welch, Chairman of Section on Microscopy, made an adaress on the *Diagnosis of Asiatic Cholera* the subject was further discussed by Drs. P. C. Williams, J. C. Hemmeter, S. A. Keane, E. M. Schaffer and D. W. Cathell.

Under unfinished business Dr. W. H. Welch, Chairman of the Executive Committee, reported that said Committee had audited and found correct the accounts of the Treasurer for the past year, whereupon the report of the Treasurer was adopted.

Under new business the Recording Secretary read a letter from Rev. Dr. J. A. Vance, Chairman of a Committee from the Ministerial Union of Baltimore, requesting the appointment of a committee of three to cooperate with other organizations in exerting their influence for "Moral Reform."

It was ordered that the invitation be accepted and that the Committee, before taking positive or final

action, report to the Executive Committee or a special meeting of the Faculty.

As per previous order of the Faculty, the Treasurer reported that 58 delinquents owed the Faculty $283.00 at the beginning of this Convention. On motion the report was accepted.

With a view of urging the more prompt collection of dues from delinquents, the Secretary offered the following :

That the Executive Committee may the more successfully assist the Treasurer in the collection of dues of delinquent members, and that they may know, at certain stated intervals, the true status of the treasury, be it

Resolved, That the Treasurer is hereby directed to submit, in writing, to the Chairman of the Executive Committee, the amounts he has collected and paid, and from whom collected and to whom paid, up to the following respective dates, during each fiscal year, viz.: June 1, October 1, February 1 and April 1.

On motion of Dr. Randolph Winslow, the resolution was laid on the table.

The resolution of the Treasurer, Dr. Kemp, to levy an additional assessment of $2.00 on city members and $1.00 on county members for one year, was, on motion of Dr. Rohe, laid on the table.

The followiug resolution, offered by Dr. Wilmer Brinton, was lost.

That the order authorizing the Recording Secretary to rent spaces in the Conversation Room for pharmaceutical exhibitions and for the display of books and surgical chairs and instruments, be for one year rescinded.

The President announced that the following gentlemen were elected to membership, to-day, in the Faculty, viz.: Drs. T. W. Glocker, Jno B. Hart and P. Bryson Wood, and that the following eminent practitioners were elected to Honorary membership: Drs. Joseph Tabor Johnson, of Washington, Frederick Lange, of New York, and Reginald H. Fitz, of Boston.

On account of the lateness of the hour and there being a large number of papers to be read, the Faculty adjourned to meet at 8 o'clock to-night.

G. LANE TANEYHILL, M. D.,
Recording Secretary.

HALL OF THE FACULTY,
Friday, April 28th, 1893. Night Session.

The Faculty was called to order at 8.20 P. M., by the President.

The minutes of the last session were read and after a few verbal corrections adopted.

The first paper read was by Dr. Herbert Harlan, from the Section on Ophthalmology, Otology, and Laryngology, entitled, *Suppurative Inflammation of the Temporal Bone;* the paper was discussed by Drs. Harry Friedenwald and Jno. R. Winslow. The next paper was read by Dr. Harry Friedenwald, on *The Causation of Inflammation, a Review.* The subject was discussed by Drs. Aaron Friedenwald and C. Hampson Jones. The next paper was read by Dr. F. M. Chisolm, on *Acute Glaucoma following the Extraction of Cataract.* This was followed by Dr. Jno. R. Winslow, who read his paper entitled, *Tuberculosis of the Pharynx.* The

next paper, entitled, *A Clinical Study of thirty-five cases of Epidemic Cerebro-Spinal Meningitis, with especial reference to the Eye Symptons*, was read by Dr. R. L. Randolph, which was followed by Dr. E. J. Bernstein, who read his paper on *Hypertrophic Rhinitis as an Etiological factor in Asthenopia*. After which Dr. Wm. T. Cathell read his paper on *A Study of two cases of Paroxysmal Sneezing, with Treatment*. This ended the reading of papers.

The President announced the Committees and Delegates for 1893, as follows:

STANDING COMMITTEES.

Library.—B. B. Browne, R. W. Johnson, Geo. J. Preston, Wm. Osler, A. K. Bond.

Publication.—G. Lane Taneyhill, W. F. A. Kemp, R. Winslow, Jos. T. Smith, H. J. Berkley.

Memoir.—E. F. Cordell, E. P. Irons, S. A. Keane, H. L. McComas, G. T. Atkinson.

Ethics.—I. E. Atkinson, H. M. Wilson, E. G. Waters, C. G. W. Macgill, J. McPherson Scott.

Programme.—Wm. H. Welch, T. A. Ashby, Chas. W. Mitchell, Harry Friedenwald, J. W. Humrichouse.

Curator.—Wm. T. Howard, Jr.

SPECIAL COMMITTEES.

Moral Reform.—P. C. Williams, Aaron Friedenwald, A. K. Bond.

Membership.—T. A. Ashby, H. Woods, T. D. Kennedy, B. W. Goldsborough, W. Q. Skilling.

Disinfection by Heat.—S. T. Earle, E. F. Cordell, A. K. Bond, P. C. Williams, Jno. D. Blake.

Pan-American Congress.—Wm. H. Welch, Geo. H. Rohe, H. M. Hurd, I. E. Atkinson, T. A. Ashby.

Advisory Committee on Public Health.—Wm. H. Welch, I. E. Atkinson, G. Lane Taneyhill, P. C. Williams, A. Friedenwald, S. T. Earle, L. McLane Tiffany.

Preventable Blindness.—Hiram Woods, Harry Friedenwald, J. E. Michael, G. H. Rohe.

Permanent Location.—L. McLane Tiffany, B. B. Browne, H. P. C. Wilson, J. J. Chisolm, G. Lane Taneyhill, Wm. H. Welch, Robt. W. Johnson, Wilmer Brinton, Thomas A. Ashby, I. Edmondson Atkinson, Philip C. Williams, George H. Rohe, Aaron Friedenwald, George J. Preston, Henry M. Thomas.

DELEGATES.

American Medical Association, Milwaukee, Wis., July 6, 7, 8, 9, 1893.—G. T. Atkinson, Edw. Anderson, B. R. Benson, C. Bernei, J. B. Brawner, J. E. Benson, Robert Bond, J. J. Chisolm, D. W. Cathell, James M. Craighill, W. H. Campbell, J. E. M. Chamberlaine, Thos. L. Craig, S. Chase DeKraft, G. E. Dickinson, J. W. Downey, Frederick Dunning, F. Elgen, B. D. Evans, F. E. Fooks, Aaron Friedenwald, J. S. Fulton, B. W. Goldsborough, R. F. Gundry, W. B. Gambrill, J. C. Harris, J. W. Humrichouse, J. D. Iglehart, C. Hampson Jones, J. H. Jamar, Wm. F. A. Kemp, William Lee, H. L. McComas, J. L. McCormick, Wm. E. Magruder, W. H. Marsh, A. H. Price, Geo. H. Riggs, Monmonier Rowe, J. A. Stevens, David Streett, W. A. B. Sellman, L. Gibson Smart, E. A. Scott, G. Lane Taneyhill, J. Whitridge Williams, Robt. T. Wilson, E. M. Wise, Thomas H. Williams.

DELEGATES TO STATE MEDICAL ASSOCIATIONS.

Virginia.—William Lee, Thos. H. Brayshaw, Wm. T. Howard, Jr., Frank M. Chisolm, I. R. Page, Robert L. Randolph, Robt. T. Wilson.

West Virginia.—B. Merrill Hopkinson, Wm. P. Chunn, Geo. A. Fleming.

North Carolina.—J. J. Chisolm, Randolph Winslow, A. K. Bond, L. E. Neale, J. W. Chambers, Edward Geer.

New Jersey.—B. D. Evans, J. Percy Wade.

On motion the thanks of the Faculty were voted to the retiring officers, and the President thereupon declared the Ninety-fifth Annual Convention of the Medical and Chirurgical Faculty of the State of Maryland adjourned *sine die*.

G. LANE TANEYHILL, M. D.,
Recording Secretary.

REPORTS.

REPORT OF RECORDING SECRETARY.

BALTIMORE, MD., April 25th, 1893.

MR. PRESIDENT AND GENTLEMEN:—Your Recording Secretary would respectfully submit that in accordance with instructions, but after laboring hard and contending against much embarrassment in his efforts to follow instructions, he has the satisfaction to state that all diplomas due members who were elected during the past two years, have been properly prepared and signed by the proper officers. The city members were notified to call for the same at the office of the Librarian, and county physicians were requested to send proper postoffice address, and to those who have complied the diplomas have been mailed. There is a large package of diplomas remaining at the Library, as yet uncalled for by city members. It is devoutly hoped that in the future every officer engaged in this distribution will act *promptly*, and not subject innocent officers to the unpleasant experience of receiving complaining letters from members, caused by the unjustifiable delay.

Your Secretary received and listed the *titles* of all papers sent to him up to a few days before this Convention, and having been grouped by the Chairman of the Programme Committee, Dr. T. A. Ashby, the Faculty has the excellent programme which is so useful to the members at this meeting.

Twelve hundred copies of a *Preliminary Circular*, which was drafted by our energetic and indefatigable Chairman of the Executive Committee, Dr. Wm. H. Welch, were mailed to the doctors of the city and State who are not members of the Faculty. The effort has already brought forth happy results in the large number of applications for membership.

Your Secretary must thank Dr. Craighill, the Corresponding Secretary, for assistance in addressing some of these circulars.

Your Secretary also has the pleasure of stating that after addressing fifty circulars to druggists, instrument makers and book sellers, he has sold the whole floor of the Pharmaceutical Hall for exhibition purposes. The net income for the same will be at least $130.00, with which in a few days he will make the Treasurer happy.

All of which is respectfully submitted,

G. LANE TANEYHILL, M. D.,
Recording Secretary.

TREASURER'S REPORT.

APRIL 26TH, 1893.

MR. PRESIDENT AND MEMBERS :—The Report of the Treasurer at this, the 95th Annual Convention of the Faculty, will show a deficiency of $559.52, which will, by reference to last year's report, be found to be the same as that reported at that time.

At last convention it was reported by your Treasurer that we owed $400 on rent of hall, and a deficiency in running expenses that had amounted to $559.52. He included a comparison of receipts and expenditures for sufficient years to show how slowly, but surely, the amount had crept to the figures given. This year he will report as paid out all that he received—thus having his income and disbursements exactly balance. Thus it becomes plain there is no diminution or increase to the above mentioned $559.52. If to this deficiency there be added the amount still due the Library Board, we will have a total indebtedness of $644.20 instead of the $559.52.

The Library Board will report that they have received from dues, &c., $710.26, and from sales and fines, $8.90, making a total of $719.16. I append here a comparison of

receipts the Library Board has received the last four years: From membership dues only, not sales and fines—

In 1890	$569 60
" 1891	448 00
" 1892	503 00
" 1893	710 26

That there may be no misunderstanding allow the Treasurer to say 1890, &c., means the year the report was made by Treasurer to the Faculty. This comparison speaks for itself. Reference to the yearly reports of your Treasurer will show that he has always lamented the fact that the Library Board has not for some years gotten *all* it expected, except last year, when the Chairman of the Library Board named a specified amount that would be "*accepted*" as full payment. You may recall that in his last year's report your Treasurer embodied the letters he received on the subject from the Chairman of the Library Board.

Your Treasurer would here frankly state to the Convention that he has no desire to do other than that which is required of him, either by constitutional requirement or ordered by resolution adopted at any meeting of this Faculty. His non-compliance with the resolution that ordered half dues and initiation fees disposed of as ordered, has gone *unfulfilled* to the letter, because the state of our finances did not justify compliance. When the first payment of money was made to the Library Board, the correspondence between the Chairman of the Library Board and this officer shows clearly the amicable manner in which the affairs of the Faculty between these two servants can be accomplished.

Your Treasurer's letter emphasized the point that he thought it impossible to comply with resolution, to which the following reply was received:

1218 MADISON AVE., BALTIMORE, May 11, 1892.

DEAR DOCTOR:—

Please find my cheque enclosed for annual dues.

Your note is at hand. I fail to see the point you wish to emphasize.

The resolution of the Faculty was *mandatory*, and does not allow the Treasurer any discretionary power. Upon the Library Committee it is also *mandatory*, and the Chairman would be derelict in his duty if

he did not insist upon carrying out the order of the Faculty. The Executive Committee, as it appears to me, is the proper one for you to appeal to *for ways and means* to meet current expenses.

Please let me know the exact amount you have received for dues and initiation fees, and send me a cheque for one-half the amount of the same.

This seems to me such a perfectly clear matter that I cannot see how any misunderstanding can occur in regard to it. It is perfectly clear to me that the Faculty has placed its Treasurer in a very awkward position in the matter, and also the Chairman of the Library Committee. But we are only the servants of the Faculty and must obey orders.

I think and hope everything will come out all right, and that there will be no jarring or clashing between the Treasurer and the Library Committee.

Yours very sincerely,

B. B. BROWNE.

Your Treasurer would call especial attention to the fact that this letter from the Chairman of the Library Board clearly recognizes the awkward position in which your Treasurer is placed, and true to his duty demanded the full cent of all that was allowed. This reporter refrains from commenting upon *his* awkward position, and asks in advance your earnest attention to that part of the Library Board's report that discusses the actions of *your* servant, the Treasurer, in his dealings with them.

They will justly insist upon receiving their rights, as they understand them, but as they are not bound by the Constitution to stand as is this, your humble servant, between the Faculty and all creditors, they have not had as many calls for satisfaction to claims as has this officer of your creation.

The Treasurer's duty, as declared in Article 3, Section 6, of our Constitution, makes it as obligatory to pay current expenses, as is elsewhere declared to be his duty, to serve upon the Publication Committee or discharge any duty to any board or obey any order the Faculty may see fit to pass.

Your Treasurer finds that there is a shall all around him. He has endeavored to do his duty honestly.

Your Treasurer does feel equally bound to pay our just debts as to perform any other function that belongs to his office. Therefore, after the adjournment of the Faculty at its last session, he paid the overdue rent to the Historical Society. It was $400.00, and by this mention you will understand why the amount paid for rent is charged in our disbursements as amounting to $1,000.00

At the last annual session, in order that our expenses might be lightened, a resolution was adopted, the spirit of which was to limit the publication of Transactions to specified bounds, if the Treasurer saw it was inadvisable to publish, as we had heretofore done. Your Treasurer informed the Chairman of the Publication Committee that it *was* advisable to keep publication within the specified bounds, an opinion that will certainly receive the approval of all who look at our condition as set forth in this and last year's report of the Treasurer. It seems opportune just here to state that from present appearances it would be absolutely necessary to restrict our publication of Transactions for the coming year.

Your attention is again called to our incidental account, and, as last year, is given a comparison of the sundry or incidental accounts for a few years past.

In 1889	$ 38 15
" 1890	162 16
" 1891	92 45
" 1892	177 02

It is impossible, as will appear, for any certain calculation to be made as to what this item of our expense may be. With this Faculty the item of necessary expenses to have our affairs well ordered and presentable, varies greatly.

The Semi-Annual Meeting has charged as its expenses $11.00. At that meeting the names of five members were received and their initiation fees are entered with our income during the past year. These names will appear amongst candidates at this meeting.

Our accessions during the past year have been the largest in the history of the Faculty—120 new members being elected and enrolled.

Reference to our report will show that only 115 are credited as paying at annual meeting. This discrepancy will disappear when reference is had to report of last year and this, in which initiation fees at semi-annual meeting are entered. During respective year our accessions were the following named members:

Edw. Anderson, Wm. S. Archer, Edw. Carey Applegarth, John H. Bolton, Thos. H. Brayshaw, Wm. B. Burch, K. B. Batchelor, Jas. Bordley, Edw. N. Brush, Jas. Cooper, A. A. Clewell, W. B. Clarke, Pinckney L. Davis, Jas. E. Deets, Rufus W. Dashiell, Emanuel W. Eilan, Wm. F. Elgin, B. D. Evans, W. R. Eareckson, Chas. E. Ellis, Robert Fawcett, Fred. H. F. Fincke, Jas. H. Fore, Louis F. Frey, Hugh Forsythe, Simon Flexner, W. W. Frames, Wm. B. Gambrill, A. L. Gage, Joseph Gichner, Edwin Geer, Wm. S. Halstead, Chas. B. Henkel, Wm. Travis Howard, Jr., Wm. Lee Howard, Albert K. Hadel, Eugene W. Heyde, Louis C. Horn, August Horn, M. L. Hooper, David C. Ireland, John J. Jones, Eugene H. Judkins, T. D. Kennedy, Marshall E. Leatherman, John Latane Lewis, Wm. Milton Lewis, Thos. W. Linthicum, Jas. T. McShane, Ellis Micheau, Stuart B. Muncaster, Thos. A. Milliman, Edw. P. McDeritt, Chas. W. Mitchell, Frank Martin, H. A. McComas, A. D. McConachie, John Henry O'Donovan, M. G. Porter, A. B. Price, Thomas Carnes Price, Abraham Shank, Edw. A. Smith, Cacilino C. Steuart, Jos. H. Stonestreet, A. Trego Shertzer, Edwin M. Schindel, Hiram L. Spicer, Solomon J. Ulman, A. G. Watson, J. E. Willing, A. S. Wagner, E. M. Wise, Chas. R. Winterson, Geo. L. Wilkins, Lot Ridgeley Wilson, Thomas Chew Worthington, Wm. F. Wootten, Alfred Whitehead, Henry M. Baxley, Jas. Edw. Benson, E. Tracy Bishop, Jas. B. Bennett, Merville H. Carter, Pearson Chapman, William J. Craigen, Stephen Crowe, Wm. Green, A. E. F. Grempler, H. H. Hayden, S. V. Mace, J. Chas. Macgill, C. H. A. Meyer, F. P. Murphy, Chas. F. Nolen, John M. Pickel, Chas. W. Pfeffer, A. H. Price, C. R. Shoemaker, Thos. W. Simmons, Wm. F. Smith, Reuben J. H. Tall, Geo. F. Taylor, A. S. Warner, Arthur Wegeforth, Thos. H. Williams, C. H. Wissler, C. L. G. Anderson, R. M. Dorsey, C. E. Downs,

Elishe C. Etchison, P. S. Field, W. E. Gaver, Wm. Gombel, A. Van Hoff Gosweiler, H. A. Hyland, Henry M. Kemp, M. Sherwood, C. E. Sadtler, F. B. Smith, Henry M. Thomas, John R. Uhler, S. J. Windsor.

Our losses were, by death, Drs. A. S. Wagner and W. Chew Van Bibber and John Van Bibber. By resignation, Drs. Caleb Winslow and A. Atkinson.

RECEIPTS.

Dues of Members		$1,010 00
Initiation Fees		600 00
Delegate Fees		2 00
Rent of Hall		315 00
" Telephone		36 00
" Pharmaceutical Exhibit, Session '92		160 00
Advertisements in Transactions of 1891		65 00
Sales and Fines at Library		8 90
Total Receipts		$2,196 90

DISBURSEMENTS.

Advertising 94th Session		$ 24 19
Janitor		70 00
Chairs for Annual Meeting		15 00
Gas Company		16 50
Library Board from Dues		710 26
" " Sales and Fines		8 90
Rent of Hall for Year	$600 00	
" " Arrears	400 00	1,000 00
Rent of Telephone		72 00
Publication Committee, for correction of exchange lists and addresses		10 25
Corresponding Secretary		24 28
Reporting Secretary		12 00
Expenses of Semi-Annual Meeting		11 00
Commission Collecting Dues		5 50
Treasurer's Expenses		40 00
Incidentals—Ice at Library	$15 70	
Filling Diplomas	52 00	
Griffin, Curley & Co., tickets, postals, &c.	21 50	
A. Hoen & Co., Diplomas	48 50	
Committee on Prevention of Blindness	18 82	
Dorman, Seal, Press, &c.	6 00	
Stamps for Executive Committee	8 00	
Bennett, Gas Fitting at Library	1 50	
Copy City Directory	5 00	177 02
		$2,196 90

LIABILITIES.

Deficiency Reported	$ 559 52
Unpaid balance to Library Board	84 74
Total Indebtedness	$ 644 26

ASSETS.

Library and Fixtures, Estimated	$7,500 00
Building Fund	192 00
Total	$7,692 00

Before closing this report allow your Treasurer, by virtue of his office, to make known that the treasury will have no funds at its disposal to pay for the Transactions now in hands of printer. He takes this humble way to acquaint you of the fact, and ask whether he *shall* insist upon the publication of our Transactions. Indeed there appears so many "*shalls*" to the duties of this office, that if many more be made he *shall* not know what to do. If the "shall" to the resolution ordering half dues paid, Library Board takes precedence to the constitutionally declared duties of Treasurer, you must judge. He is not a committee, only a servant. He has no wants, but desires to do the best he can for the Faculty.

Your Treasurer shall anxiously await the reports of the committees that need funds, and will hope your action will be that of wise legislators—remembering the varied wants, necessities and desires which we must satisfy.

Gentlemen, you have heard the report, with its figures, and it becomes us to think well, act judiciously and wisely. The Treasurer regrets that the mandatory resolutions and agreements of the Faculty have not all been satisfied. It does appear, unfortunately repeated year after year, that this officer must come before you acknowledging omission in the discharge of his duty. Yet he is glad to report the amicable way those expecting much are content with the amount received. There ought to be a more intelligent understanding of *our absolute expenses*, of the proportion of income necessary to meet them, then would be banished from our yearly

gatherings the apparent inconsiderateness of your Treasurer in his responses to the legal requests of the Library Committee.

Respectfully submitted,
W. F. A. KEMP, M. D.,
Treasurer.

REPORT OF EXECUTIVE COMMITTEE.

MR. PRESIDENT AND MEMBERS OF THE FACULTY:—The Executive Committee has the honor to submit the following report:

In May, Dr. Joseph T. Smith, on account of the pressure of other duties, resigned the office of Corresponding Secretary, which he had held for five years. His resignation was accepted with a unanimous vote of thanks for his efficient services. Dr. James M. Craighill was appointed to fill the vacancy.

In March, Dr. C. O. Miller, in consequence of his absence in Europe, resigned the chairmanship of the Section on Microscopy, Micro-Chemistry and Spectral Analysis, and Dr. W. H. Welch was selected to fill his place.

Permission was granted to the Librarian, Dr. C. Hampson Jones, and to Dr. W. F. Smith, to make use of the Middle Room and the Directory Room of the Hall of the Faculty for teaching their classes three nights in the week from October to April 1st, at a rental of $100.00 and of $40.00, respectively.

The Semi-Annual Meeting was held in Easton, Talbot County, Md., on November 15th and 16th. Dr. T. A. Ashby was authorized to make the arrangements, and with the Treasurer to incur the necessary expenses for this meeting, as well as to arrange for the Annual Banquet on the evening of April 27th.

A Special Meeting of the Faculty was called and held on January 30th, 1893, at which a protest was voted against the

contemplated withdrawal of the usual annual appropriation by Congress for the publication of the Index Catalogue of the Library of the Surgeon General's Office. As a result of this and similar protests, the appropriation was granted. At the same meeting the President was empowered to appoint an Advisory Committee, including the President, on Public Health, to confer with similar committees of other organizations concerning sanitary matters and to consider the protection of our city against the invasion and spread of infectious diseases. The following were appointed members of this committee: Drs. W. H. Welch, I. E. Atkinson, G. Lane Taneyhill, P. C. Williams, A. Friedenwald, S. T. Earle, and ex-officio, the President, Dr. L. McLane Tiffany.

The failure to issue diplomas of membership to newly elected members, had become a source of so much complaint, that the Executive Committee took this matter into consideration, and authorized the Recording Secretary to procure the blank diplomas, to confer with Chairman of the present and the previous Examining Boards, and to assist them in the proper signing and distribution of the diplomas. This matter, which had become an increasing source of just complaint, has for the present been satisfactorily adjusted. It is suggested, however, that in the future the responsibility for issuing the diplomas be shared by some permanent officer of the Faculty, and not rest solely with the changing elective chairmen of the Examining Boards.

The Committee begs to call attention to important amendments to the Constitution, which were formulated by the previous Executive Committee, and of which notice was given at the last annual meeting. These amendments will come up for consideration at this meeting.

With the view of adding to the interest of the programme, the Committee selected as a subject for general discussion, "Puerperal Infection, with Special Reference to Auto-Infection," and chose members to take part as referees and co-referees. The success of this innovation seems to warrant the continuance of this plan.

As required by the Constitution, the accounts of the Treasurer have been examined and bills approved.

The Committee takes pleasure in announcing that Professor Reginald H. Fitz, M. D., of the medical department of Harvard University will deliver the annual oration on "Intra-Peritoneal Hæmorrhage," on Thursday evening, April 27th.

WILLIAM H. WELCH, M. D., *Chairman*,
DAVID STREETT, M. D.,
P. C. WILLIAMS, M. D.,
GEORGE H. ROHE, M. D.,
T. A. ASHBY, M. D.

R. T. WILSON, M. D.,
Sec'y to Executive Committee.

REPORT OF THE LIBRARY COMMITTEE.

MR. PRESIDENT AND GENTLEMEN:—The Library Committee has the honor to report that it organized and elected Dr. George J. Preston, Secretary.

Dr. C. Hampson Jones was elected Librarian and Registrar, and Mr. Isaac Jones as Assistant Librarian and Assistant Registrar.

The Library has received regularly foreign and domestic journals and society transactions as follows:

Weeklies, 17; monthlies, 16; quarterlies, 6; half yearlies, 1; yearlies, 5; irregular, 5.

We have also received exchange journals, transactions of societies and reports, 60; miscellaneous volumes, 41.

The Library has received donations of books as follows:

From Dr. A. K. Bond, 125 volumes; Dr. J. H. Patterson, 84 volumes; Dr. Wm. F. Lockwood, 5 volumes; Dr. L. McLane Tiffany, 5 volumes, Dr. William Osler, 1 volume; total, 220 volumes.

Also collections of pamphlets and journals from Drs. E. F. Cordell, R. Winslow and Woman's Medical College.

189 journals have been bound.

Three volumes of the Transactions of the American Gynæcological Society were purchased, thus completing this work to date.

The funds placed at the disposal of the Committee were as follows:

Received from the Treasurer, ...		$710 26
" " " " the Library fines and dues, ...		8 90
Received from the Nurses Directory, . . .		120 88
Total, ...		$840 04
Expenses Library, Journals, Salary, &c.,	$804 50	
New Books, ...	32 00	
Total, . , . . .	$836 50	
Balance on hand, ...		$3 54

The Committee wish to call the attention of the Faculty to the great disadvantage the Library Committee labors under in not getting the money for the use of the Library more promptly.

If the two resolutions which were passed by the Faculty at a late meeting were complied with by the Treasurer, the work would proceed much more smoothly.

These resolutions are, first, "That one-half of all initiation fees and annual dues be paid to the Library Committee;" second, "That the sum appropriated by the Faculty to the use of the Library be disbursed to the Chairman of the Library Committee in equal payments, the first to be made on or before *May 15th*, the second on or before *August 15th*, the third on or before *January 15th*, and the fourth on or before *April 15th* of each year."

As you may observe, if this money came into the hands of the Committee at the beginning of the year, a number of new books could be added to the Library early in the season.

"The following is the report of the Nurses Directory, ending April 1st, 1893:

"Number of calls for nurses, 167; new nurses registered, 1. Trained females, 11; untrained males, 3; untrained females, 6; total, 20.

"Nurses in active service—Males, untrained, 10; females, untrained, 32; female, trained, 32; massage, only, 2; total, 73.

"Yours respectfully,

"C. HAMPSON JONES,

"*Registrar.*"

RECEIPTS FOR YEAR, APRIL 1ST, 1892.

1892—April,		$20 00
May,		27 00
June,		15 00
July,		17 00
August,		8 00
September,		14 00
October,		25 94
November,		15 00
December,		15 00
1893—January,		11 00
February,		13 00
March,		20 00
Total,		$200 94

DISBURSEMENTS.

June,	$8 06	
November,	2 00	
Total,		$10 06
		$190 88
Balance,		70 00
Balance Paid into the Library Fund,		$120 88

The Committee would also suggest that the Library would be much more useful to its members if situated in a more accessible location, and the Nurses Directory would also bring in a much larger income under such circumstances.

We will therefore state that under miscellaneous business we will propose the following resolution:

Resolved, That a committee of 15 be appointed by the present President, who shall be chairman, to take into consideration the ways and means by which a suitable permanent location may be obtained.

All of which is respectfully submitted.

B. BERNARD BROWNE, M. D., *Chairman*.
I. E. ATKINSON, M. D.
G. J. PRESTON, M. D.
G. LANE TANEYHILL, M. D.
R. W. JOHNSON, M. D.

REPORT OF PUBLICATION COMMITTEE.

MR. PRESIDENT AND MEMBERS:—The work of the Publication Committee for the year has been very small on account of the order necessitating the suspension of the general volume of the Transctions; however, the minutes and general addresses and reports of officers and committees will constitute a large pamphlet, which is now in press and will be shortly issued to the membership. It is well known that this temporary suspension of general publication for one year was caused by the lack of funds in the treasury.

The *Transactions* of 1893, that is, papers of this Convention, will be published promptly, provided authors comply with the adopted regulation of sending in their manuscript to the Secretary within 10 days after adjournment.

There remains a large number of the Transactions of 1891 still in the room of the Librarian, unclaimed by members of the city, who have a right to the same; notices were sent to the members nearly a year since, of the copy awaiting them.

In the past our Transactions have been a credit to the medical men of Maryland, the only complaint your Committee receives is *lateness* of issue. It is hoped that this may be in a measure obviated this year by each author taking the trouble to have his manuscript type-written and early handed

in. The Committee will do the rest, as they have secured the services, as per order of the Faculty of last year, of a reliable medical proof-reader, and have every facility to push the work.

All of which is respectfully submitted.

G. LANE TANEYHILL, M. D., *Chairman.*
W. F. A. KEMP, M. D.
H. M. WILSON, M. D.
WILLIAM OSLER, M. D.
J. WHITRIDGE WILLIAMS, M. D.

REPORT OF MEMOIR COMMITTEE.

JOHN PIERRE VAN BIBBER, M. D.

Dr. John Pierre Van Bibber, the eldest son of Dr. W. Chew Van Bibber, was born in Baltimore, January 15th, 1850. He received his classical and literary education at Loyola College, a Roman Catholic institution in this city, conducted by Priests of the Jesuit Order, and was graduated at the same in 1867. He then entered upon the study of medicine under his father's direction, attending lectures at the University of Maryland, and was admitted to the degree of Doctor of Medicine in 1871. He immediately went to Europe and remained there several years pursuing his medical studies at Vienna and other great centres. He entered upon practice in Baltimore in 1874. He pursued the specialty of diseases of the nervous system and was highly successful, acquiring a large and lucrative practice. He was well known in club and social circles. His manner was bright, frank and attractive, and he had the happy faculty in a remarkable degree of impressing his patients and winning their entire confidence. Dr. Van Bibber founded the Dispensary for Nervous Diseases on Barnet Street, and conducted it successfully for ten years, only abandoning it on account of ill-health. It was his ambition to develop this ultimately into a hospital. Dr. Van Bibber was a member

and one of the founders of the American Neurological Association. He was also a member of the University Club of this city. For some years he had had a branch office in Washington and did a good business there; recently he had strongly inclined to make that his permanent residence as offering better opportunities for a specialist. Dr. Van Bibber married about 1882, Miss Mary Lusby, of this city, who, with two sons, survive him. He was a frequent contributor to medical periodicals and furnished an article to Keating's Encyclopœdia on Diseases of Children. For about a year prior to his death he had been in poor health—as a result, it is stated, of an attack of the grippe. On Wednesday, May 4th, he submitted to a slight surgical operation, from which no danger was apprehended, but he never rallied and died the following morning at 3 o'clock.

Among Dr. Van Bibber's contributions were articles entitled "A New Treatment for Chorea," "The Treatment of Paralyzed Muscles by Elastic Relaxation," "Intermediate Hospitals for the Insane," "The Future Influence of the Johns Hopkins Hospital on the Medical Profession of Baltimore," "The Prospective Advantages of Baltimore as a Medical Centre," etc. In 1881 he delivered a lecture in the regular course at the Peabody Institute on the Human Brain and its Relation to the Mind. At the time of his death he was engaged upon and had almost completed a book upon "The Etiology and Treatment of Lateral Curvature of the Spine."

Washington Chew Van Bibber, M. D.

Dr. W. C. Van Bibber was born in what is now Carroll County, Md., July 24th, 1824. He was a descendant of Captain Isaac Van Bibber, who coming to America in command of a vessel belonging to Lord Baltimore's fleet, settled in Cecil County, Md. His father, Washington Van Bibber, was a native of Baltimore and at one time an extensive farmer of Carroll County. His mother was Lucretia Emory, daughter of Thomas Lane Emory, of Queen Anne's County,

Md. At the age of seven, Dr. Van Bibber entered a school at Little York, Penna., where he remained two years. He then went to Dickinson College, Carlisle, Penna., and after a year's stay there, to Mt. St. Mary's College, Emmitsburg. Having spent two years at Emmitsburg he entered Jefferson College, Cannonsburg, Penna., from which institution he was graduated with the degree of A. B., in 1840. He then removed to Baltimore and began the study of medicine as an office pupil of Professor N. R. Smith. He matriculated at the University of Maryland in 1841, and was graduated with the degree of Doctor of Medicine therefrom in 1845. He then went for a short time to Grand Bluff, Mississippi, and from there to New Orleans, where he practiced during the yellow fever epidemic of 1845. The following year he returned to Baltimore and entered regularly upon practice, which he pursued uninterruptedly thenceforth until his decease.

Dr. Van Bibber led a very active and laborious life. He did a large amount of unrequited work. He was an attending physician to many public institutions—as Christ Church Orphan Asylum, Home of the Friendless, St. Mary's Seminary, Notre Dame Convent and the Baltimore County Almshouse. He was a member of various local societies and president of several of them; also a member of the American Medical Association since its foundation and of the American Public Health Association. His connection with this society began in 1847. He was one of the founders of the Pathological Society of Baltimore in 1852, of the Clinical Society of Maryland in 1875, and of the Baltimore Academy of Medicine in 1877. From 1856 to 1859 he was a co-editor of the *Virginia Medical Monthly*, and from 1859 to 1861, a co-editor of the *Maryland and Virginia Medical Journal*. In 1866 he delivered clinical lectures at the University of Maryland on Diseases of Children and Venereal Diseases. It is believed that these were the first clinics ever given in that institution on the former branch and that this was the first step toward the establishment of an out-patient department there. In April, 1874, he sus-

tained, by catching his foot between two planks in his cellar, a compound dislocation of the right ankle with fracture of the fibula. This accident confined him to the house for a long time, but he entirely recovered, with perfect use of the limb.

He contributed many articles upon medical subjects and paid considerable attention to hygiene. In 1848 Dr. Van Bibber married Miss Josephine Chatard, a daughter of Dr. Pierre Chatard, an eminent French physician, who settled in Baltimore in 1797. Two sons and three daughters were born of this marriage. Of the former, Dr. John Van Bibber died last May, and has been noticed earlier in this report; the other son, Dr. Claude Van Bibber, is now practicing his profession in this city. The following account of Dr. Van Bibber's last hours is confirmed by his family:

"He seemed to be in good health when he arose on the morning of December 14th, 1892. Shortly after 8 o'clock he visited a patient on North Charles Street, returning to his office about 9 o'clock. At 10 he again started out to visit his patients—his last call being to a patient at the City Hospital, where one of his daughters is an attendant Sister of Mercy. He left the Hospital at noon and drove back home. Entering his office, he sent his coachman on an errand, and sat down in an easy chair to read. Returning twenty minutes later the coachman found him unconscious; Drs. Chisolm, Wilson and A. P. Smith were summoned, but could afford no relief."

Death was attributed to heart disease. Dr. Van Bibber was of short stature, with a mild, grey eye and closely shaven face. His manner was gentle, kindly and sympathetic, his voice soft, and his temper seemed incapable of being ruffled. He was the friend of his patients and was particularly attractive to women, to whom his amiable ways and fatherly address especially commended him. A lady of wealth once told me: "We often send for Dr. Van Bibber when there is nothing the matter with us just to see and talk with him." He had a quaint way of expressing himself, which often excited the smile of his auditors. I

don't suppose that he even had an enemy. He was warmly attached to his professional friends, and never failed to be present and speak of them—usually in a written memoir—at the memorial meetings. He was a pure and upright man, a good citizen, a public-spirited physician, a good father and husband, and, if to live an honorable life, guided by conscience and duty and the light we have, entitles us to any share of immortality, Dr. Van Bibber surely deserves more than this passing tribute at our hands.

The following is an incomplete list of Dr. Van Bibber's contributions:

Pseudo-Membranous Laryngitis, 1856, 1858, 1869; Extracts from Transactions Baltimore Pathological Society, 1857; Hydrocephalic Tumor, 1857; Analysis of a few Cases of Abdominal Disease, 1876; Sanitary Resorts, 1876; Report on Materia Medica, 1877; On Summer Ventilation, 1878; Report on Obstetrics [4,300 cases of late Dr. P. Chatard], 1855; Recoveries from Tetanus, 1860; Address before Alumni Association, University of Maryland, 1877; The Drinking Water in Maryland [Source of its Malaria], 1882; Vaccination, 1883; Treatment of Pneumonia; Quarantine of the Future.

Dr. Van Bibber also delivered a lecture at the Peabody Institute in December, 1869, on "The Influence of Light upon Health, or in other words, How the Health of Man is Affected by Light."

Albert Schmidt Wagner, M. D.

Dr. A. S. Wagner was the son of Mr. John Wagner, residing on the Liberty Road, in the suburbs of Baltimore, and was born on the 20th of September, 1869. He received his education in the public schools of this city, and graduated in medicine at the College of Physicians and Surgeons in 1892. Upon receiving his degree he was elected as Resident Physician of the Hebrew Hospital and Asylum, a position which he is reported to have filled with ability and satisfaction. His brief and promising career was cut short

by Acute Phthisis, of which he died February 23rd, 1893, when in his 24th year. We are informed that Dr. Wagner was a gentleman of studious habits, and that he won the esteem of those with whom he came in contact by his genial temperament and his frank and unostentatious manner.

All of which is respectfully submitted.

EUGENE F. CORDELL, M. D., *Chairman*,
ROBERT C. RASIN, M. D.,
A. K. BOND, M. D.,
G. E. DICKINSON, M. D.,
Committee.

REPORT OF THE COMMITTEE ON PREVENTABLE BLINDNESS.

MR. PRESIDENT AND GENTLEMEN:—How to prevent the ravages of Ophthalmia Neonatorum is a question now receiving general attention throughout the country. Investigations have been carried on in different States by a number of observers, and the loss of the great majority of eyes from this disease has been traced to one and the same cause everywhere—the ignorant and careless midwife. Physicians generally, and even the poorer classes of people among whom this disease most prevails, seem to understand its dangerous nature better than was formerly the case. A great deal could be desired in both these directions still. There are several influences working toward the point desired. The post-graduate eye courses given in most cities and now more generally taken by recent graduates, the instruction, now, we believe, given in all our medical colleges upon eye diseases, and the warnings, which some obstetrical teachers and recent obstetrical books give, are bound to impress medical men, and through them, the people, with the importance of properly treating this disease. But among the poor, where a midwife is usually the only attendant in the lying-in room, the medical man may not see the case until

too late. The attention of the Faculty is asked to a few facts observed by the Chairman of the Committee at the Presbyterian Eye and Ear Hospital. Since January, 1892, there have been received at this Hospital 26 babies with either active ophthalmia neonatorum or else the effects of this disease. Of the 52 eyes belonging to these 26 babies, 20, about 40 per cent., were lost when the children were brought for treatment. Some of these had a little vision, but most of them were irrevocably destroyed. All the eyes safe, when the child was seen, were cured. The prompt yielding of most cases of the disease to correct treatment is universally known. Of these 26 babies, 7 were born under a physician's care, and 4 of these had been sent to the Hospital very soon after the appearance of purulency. One of them was blind in both eyes, and one in one eye. It was impossible to find out the details of the treatment they had received. The Hospital records fail to state, in the case of 7 other babies, whether a midwife or physician had charge of their birth. Of the 14 eyes belonging to these children 8 had been lost. The other 12 children had been born under the care of a midwife alone. Of their 24 eyes, 9 were lost when we first saw them. But the worst features were the universal reports from those bringing the children that the midwives had assured them it was nothing, and the long time these women allowed to elapse before the ignorant parents were urged to call in a physician. Indeed, some babies were brought against the midwife's protest. The shortest interval between the appearance of the disease and the commencement of proper treatment in these midwife cases was one week. From this the time gradually increased to five and six months; these latter cases, however, being blind from the disease in the first few days of life, and brought to the Hospital finally by the parents.

Attempts to reach this midwife difficulty have been made in several States by the passage of a law compelling the midwife to report the case to a physician or the health authorities as soon as purulency is seen. A law to regulate the practice of midwifery is badly needed in Maryland.

Such a law should first compel all women applying for a license to show that they are qualified to handle an ordinary labor case. It should require the prompt reporting to a physician or the health authorities of all cases of ophthalmia neonatorum. Safeguards could be thrown around such a law which would make its enforcement a possibility. It seems to us that the next step for the Faculty to take in the matter for which our Committee was appointed, is to appoint another committee to draft a law regulating the practice of midwifery, and to ask the next Legislature, in the name of the Faculty, to pass it.

HIRAM WOODS, M. D., *Chairman*,
GEO. H. ROHE, M. D.
HARRY FRIEDENWALD, M. D.
J. EDWIN MICHAEL, M. D.

REPORT OF THE COMMITTEE ON INFECTIOUS HOSPITAL AND DISINFECTING PLANT.

Your Committee respectfully beg leave to make the following report in behalf of the object for which they were appointed by the Faculty. Action in the matter was delayed until the time for the City Council to meet, in January, 1893, by the advice of the City Health Commissioner, Dr. McShane, with whom the Committee was ordered to confer before bringing the matter before the Mayor and City Council, who thought any action prior to that would be of no avail. Before the appointed time arrived, the Charity Organization Society anticipated our action in part, but soon joined forces with our Committee, and, in addition, invited a number of business organizations of the city to unite in one large committee for the purpose of urging the matter upon the Mayor and City Council. In order the better to carry out this object, this newly constituted committee appointed a sub-committee, composed principally of the members of the committee from the Medical and Chirurgical Faculty, with

Mr. Chas. G. Bonaparte, as chairman, to prepare an ordinance asking for an appropriation by the City Council of thirty-five thousand dollars for the Hospital for Infectious Diseases, and ten thousand dollars for the Disinfecting Plant, together with certain recommendations for their construction, &c. They were further asked to interview the joint Committee on Public Health from the City Council on the propriety of passing the said ordinance, which they did, and it finally resulted in the passage of the ordinance by the Council, and the subsequent signing of it by the Mayor.

All of which is respectfully submitted,

SAM'L T. EARLE, JR., M. D., *Chairman*,
E. F. CORDELL, M. D.,
A. K. BOND, M. D.,
P. C. WILLIAMS, M. D.,
J. D. BLAKE, M. D.

PRESIDENT'S ADDRESS.

THE TREATMENT OF FACIAL NEURALGIA BY EXCISION OF INTRA-CRANIAL PORTIONS OF THE FIFTH NERVE.

By Louis McLane Tiffany, M. D.,
Professor of Surgery, University of Maryland.

The term facial neuralgia is applied to pain in the area of distribution of the fifth nerve, and it is needless to say that it has nothing to do with the seventh, or facial nerve, with which in former times it was believed to be associated.

The three divisions (first, second and third), with their respective territories, are not affected equally often. In order of frequency, the second division should stand first; the lower jaw division second; and most rarely, the first or ophthalmic branch.

No satisfactory explanation for the frequent occurrence of facial neuralgia can be said to be accepted. Certain conditions are met with and challenge attention. It is met with in women more often than men; on the right side probably more often than on the left; very rarely in the young; far more frequently in adults; advanced middle age being the period of life when the disease is most apt to be encountered. This, in women, might have something to do with the change in the reproductive organs, and has been given as one of the possible causes, but I am not able to accept this suggestion. Nor am I able to accept the suggestion of 'catching cold' as a cause, which seems to be given whenever there is no other special reason obtainable. We know, however, that the fifth nerve sends its branches through many bony canals, and we also know that with advancing years a tendency to thickening of bone may take place, hence pressure at bony foramina may occur.

Neuralgia shows itself more often at points where nerves emerge from bony channels than elsewhere. Thus, in the first branch, pain may be felt at the supra-orbital foramen. Also where the nasal nerve merges upon the face between bone and cartilage. The second division is apt to be painful at the infra-orbital foramen. The third division seems to be especially painful at the mental foramen, while pain referred to the teeth is so often seen as not to require comment.

The pain may be preceded by a sense of discomfort and uneasiness for a variable length of time; perhaps stiffness and itching, then flying pains through the region to be affected become apparent, and then decided neuralgia makes its appearance.

Pain is always paroxysmal, the intermissions being at first long; subsequently they shorten, until finally the pain may become almost continuous. Anything that touches or moves, or in any way tends to change the existing temperature or condition of the face, will bring on an attack of pain, so that, when the disease is well marked, the unfortunate sufferer will abstain from swallowing saliva, will abstain from talking, etc. It is not possible to see a more painful affection, or one that appeals more directly for help to the surgeon. Life is truly a burden under such circumstances, and the patient only too willing to undergo any operation which offers a prospect of relief from pain.

I have found that such patients would submit to anything, whether dangerous to life or not, provided a prospect of relief was offered. The danger to life seems not to be taken into consideration—simply the relief from pain, and any proposition will be accepted by the patient.

The territory supplied by one branch of the nerve is always first affected. Subsequently, another, and even a third branch can be affected. I have never seen both sides of the face affected at once.

There is usually no local change in the skin. It may, however, be somewhat glazed or reddened or rough, but will always be held immobile, giving a stolid, wooden appearance to the face. The patient will usually have had all the

teeth on the affected side extracted, and will chew on the other side of the mouth. If the patient happens to have false teeth, they will probably not be worn, lest pain follow. I do not think I have ever noticed severe neuralgia (facial) in a fat, florid person: but rather in those of lax fibre and pale face. Atrophy of the muscles in the affected area has been noticed as well as unilateral furring of the tongue. Pain may radiate from one division of the nerve to some other part, and it may even be not easy to localize the nerve directly involved.

Spasm of the muscles supplied by the seventh (facial) nerve is seen, and may be more or less marked, either as a simple trembling or as a convulsive distortion. Contractions of the muscles of mastication, singularly enough, are rarely seen. Increased secretion of saliva may be present, and in case the patient suffers in swallowing, the saliva will be allowed to drip from the open mouth. Disturbance of the general health is very exceptionable, and the disease goes on for years.

Treatment by drugs in many cases effects a cure. Quinine is probably more efficacious than any other single remedy. Hence malarial causation is often cited. Arsenic, possibly for the same reason, is beneficial. Aconitia pushed to the point of tolerance so as to produce formication on the surface of the body may be effectual, and the constant current is lauded.

It goes without saying, that in making the diagnosis central disease is to be excluded; fortunately this is rare, in the great majority of cases the disease being peripheral.

The administration of narcotics in large doses will relieve pain, but will almost invariably induce the opium habit, which is worse than the disease.

Carnochan is the first surgeon of modern times who attacked the trunk of the nerve, removing it, and his operation, more or less modified, has been repeated many times.

It may be a matter of interest to Maryland surgeons to recall the fact that his first patient was a physician from this State, and that the operation was successful.

It is thus described by Carnochan:

"The principal instruments necessary for this operation are a trephine, the crown of which is three-quarters of an inch in diameter, an elevator, chisels of different shapes and sizes, a leaden or iron mallet, the bone forceps of Luer, small pieces of sponge tied to sticks or pieces of whalebone, and a small fixed trephine of half an inch in diameter, which may be used to perforate the anterior wall of the antrum. The assistants being properly arranged, the patient was seated upon a solid chair, opposite a good light, and was put under the influence of chloroform. The head was rested upon the breast of an assistant, who maintained it in this position. An incision was now made on the cheek, commencing near the internal angle of the eye, on the inferior edge of the orbit, opposite the anterior lip of the lachrymal groove. This incision was carried downwards and slightly outwards, for about an inch, to a point opposite to the furrow on the lower portion of the ala of the nose. Another incision, which also terminated at this point, was made, commencing about half an inch below the external angle of the eye, opposite the edge of the orbit, thus forming a V incision, in the area of which is situated the foramen infraorbitale. The flap thus resulting was thrown upwards, and the branches of the second branch of the fifth, sought for. Some of these being found, they served as a ready guide to the trunk of the nerve. This was now isolated from the surrounding tissues up to the point of exit upon the face from the foramen. The lip was now everted, and the mucous membrane detached from the superior maxilla along the line of junction between the cheek and the gum. A sharp-pointed bistoury was now inserted at the apex of the V incision, into the mouth, and carried downwards, so as to divide entirely the tissues of the cheek and upper lip, along a line passing midway between the ala of the nose and the commissure of the lips. The two flaps thus formed were now dissected from the osseous tissue beneath, one being reflected outwards, towards the ear, the other internally, towards the nose. The whole front wall of the antrum

maxillare, with the nerve passing through the foramen infra-orbitale, was thus exposed. The crown of the trephine was now applied on the anterior wall of the antrum, immediately below the foramen infra-orbitale, and an irregular disk of bone removed, so as to expose freely the cavity of the antrum. The circumference of the foramen, the hardest portion of the canalis infra-orbitalis, was now destroyed by Luer's forceps and a small chisel. The trunk of the nerve was now traced along the osseous canal in the floor of the orbit, which was broken down with care, so as not to encroach upon the tissues in the cavity of the orbit. Arriving at the back of the antrum, the posterior wall of this cavity was broken down with a small chisel, and the portions of bone removed. The trunk of the nerve was now still further isolated from the other tissues in the spheno-maxilary fossa. The posterior dental nerves being divided, and the dissection being carried still further, the branches given off to form the ganglion of Meckel, were reached. These were divided, and also the branch given off to run up towards the orbit. Lastly, by the use of blunt-pointed scissors, curved on the flat side, the trunk of the nerve was divided from below upwards, close to the foramen rotundum. The hemorrhage was not very profuse, the labial arteries being easily controlled by pressure of the fingers, and the branches of the internal maxillary artery, in the spheno-maxillary fossa, by dry lint, or what is better, the compressed sponge. The lips of the wound were brought together and maintained in place by thirteen points of twisted suture, the German or Carlsbad pins being used."

Since his time, various routes have been pursued to divide the nerve trunks without the skull, and within the last year or two the skull itself has been invaded and the nerves divided adjacent to the Gasserian ganglion, a portion or the whole of which has been taken away.

To Rose, of London, is due the credit of having first performed this operation. He removed the right upper jaw and trephined through the base of the skull at the foramen ovale, using fine forceps with which he removed the Gasserian

ganglion. In this operation, while the neuralgia was cured, the eye was lost, through interference with its nerve supply. Rose now operates through the temporal fosa, as does Andrews, of Chicago, who seems to practice a more or less similar method. His (Andrews) operation is as follows:

"The field of operations was rendered as aseptic as possible, the right side of the scalp being shaved and the utmost pains being taken to guard against infection. Beginning near the external angular process a curved incision was made extending horizontally above the zygomatic arch, curving down in front of the ear and terminating near the angle of the jaw, care being taken to avoid the pes anserinus. The flap thus made was turned down and stitched to the ala of the nose; the zygomatic arch was sawed through at each extremity and reflected down carrying with it the attached masseter muscle; the coronoid process of the lower jaw was then sawed off and turned up on to the temple, carrying with it the attachment of the temporal muscle, and was stitched to the scalp. Now some fat and connective tissue was exposed containing in it the internal maxillary artery, which was tied. Persistent oozing hæmorrhage had compromised each step of the operation and was particularly troublesome at this stage; the blood would well up into the wound almost as fast as an assistant could sponge it away, and owing to this masking of the parts involved, the operator had to literally feel his way in the dark. Search was now made for the inferior dental nerve which should serve as a guide to the foramen ovale, but it was not found, owing no doubt to the fact that it had been entirely torn away at one of the former operations. Therefore the finger of the operator felt for the posterior sharp edge of the external pteygoid plate of the sphenoid bone and passed it up to its base, near which the foramen is situated, and through which a probe was passed, the ganglion being transfixed thereby. Just external to the foramen ovale is a triangular free space on the under surface of the base of the skull and here a specially devised trephine with a long shank and a long center pin, was applied and the button of bone removed. The narrow isthmus of bone intervening between the trephine hole and the foramen ovale was

bitten away with a pair of rongeur forceps and through the large opening thus made a surgical spoon was passed and the ganglion scraped away.

In closing up the wound Dr. Andrews advocates wiring together the bones sawed through."—*Jour. Am. Med. Assoc. Feb. 18, 1893.*

Roswell Park, of Buffalo, follows the same method, but also ties the common carotid artery. It is noteworthy that others have advised ligation of the carotid for the cure of facial neuralgia; hence Park has two strings to his bow.

Novaro has exercised great care in avoiding injury to the inner and upper portion of the ganglion as is seen on reading the following description of his operation:

"A cutaneous incision—V shaped—was cut in the masseteric region, one branch of the V terminating opposite the tragus, on the root of the zygoma. The other (anterior branch) terminated on the molar bone, on a level with a line drawn downward from the external angular process of the frontal. The loop of the V rested about midway of the masseter muscle. The flap of skin thus circumscribed was lifted up; the temporal aponeurosis exposed on the zygoma was divided parallel with this arch; the masseter was lifted away from its attachment to the jaw and zygoma, and with the help of a second cutaneous incision, which circumscribed the angle of the maxilla, the external surface of this bone was sufficiently denuded of its overlying parts to allow it to be sawn through in a vertical direction behind the third molar. The ascending ramus of the maxillary, which was thus mobilized, was bodily elevated, disarticulated, and removed, after section of the temporalis tendon, pterygoids, and articular ligaments. The inferior dental and artery had to be divided. After the extirpation of the bone, an assistant retracted the temporalis muscle upward, and the operator was thus allowed to denude the inferior surface of the great wing of the sphenoid and zygomatic fossa. With the help of a narrow chisel, the base of the pterygoid process and the great wing of the sphenoid was attacked in the space which

lies between the round and oval foramina, great care being taken not to open the cavernous sinus.

After removing enough bone, Novaro gently detached the dura mater, and, having exposed the second and third branches of the fifth, they were seized with forceps and entrusted to an assistant, who, by making traction upon them, helped the operator in the work of completing the dissection of the ganglion, which was removed piecemeal with the aid of a fine rat-tooth forceps and sharp curette. The chief aim of the operator throughout was to avoid injuring the antero-internal portion of the ganglion, which contains the trophic centres of the eye and is attached to the walls of the cavernous sinus. The operator succeeded completely, and the whole of the condemned part of the ganglion was removed with the two inferior divisions up to their foramina of exit. The wound was then carefully packed with an iodoform-gauze tampon. The operation consumed one and a half hours. Forty-five days after, the patient was in excellent condition; the eye remained sound and he was totally free from pain. Notwithstanding the complete extirpation of the second and third divisions of the fifth, the territory supplied by these nerves remained normally sensitive."—*Jour. de Med. de chi. et de Phar., Sept. 30, 1891, Brussels.*

Horsley has thought it expedient to remove the nerve proximal to the ganglion. While the result of the operation was not favorable, both conception and execution thereof were worthy of its distinguished author:

"This exposure of the temporo-sphenoidal lobe in man I have carried out by making a large temporal flap, starting from the anterior extremity of the zygomatic process, and running upwards to the temporal ridge, following that line and descending along it to the asterion. The temporal muscle, after being separated from the bone, is then best removed, so far as its posterior half is concerned, and then the whole of the squamous portion of the temporal taken away by means of a trephined hole and suitable bone forceps. Anteriorly the middle meningeal artery may be dealt with where exposed, being simply ligatured in the dura mater.

The dura mater is then to be opened along the full length of the area of bone removed, and the temporo-sphenoidal lobe thus laid bare. A broad copper retractor, with smooth and everted edges, is then gently slipped underneath the lobe and slowly, but steadily raised. The lobe is partly moulded, partly lifted upwards, and the floor of the skull is then easily seen and illuminated with the electric light. The guide to the fifth nerve now is the upper border of the petrous bone. The lobe being raised a little more, the edge of the tentorium will be defined and the point at which the fifth nerve passes beneath it could, in the first case I operated upon, be seen. The position of the canal in which the nerve is lying just above the ganglion must then be estimated, and a small puncturing incision made into it. As it is about a quarter of an inch in diameter, it can be recognized as soon as the puncturing instrument passes into it, and the dura forming its roof should then be further slit open. The nerve in this way is exposed, and is found to be freely lying in the little passage.

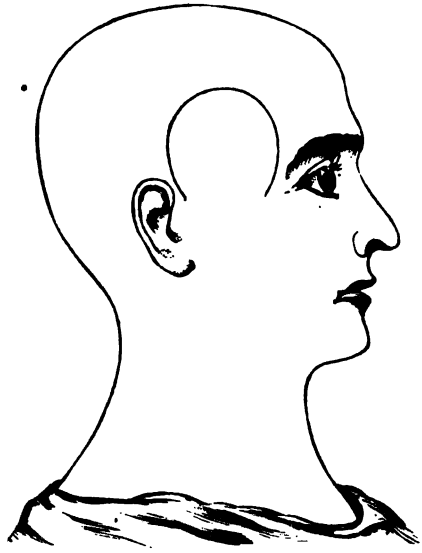
The first case on which I operated in this manner was the patient No. 5 in the table, in whom I had, as is shown there, previously removed a portion of the inferior dental and of the infra-orbital. The recurrence of pain, for which she then desired further operative relief, began in the auriculo-temporal nerve, the only branch remaining of the inferior division which had not been cut. As the pain, however, also ultimately invaded apparently the stump of the middle division, I thought it best to attempt the operation of dividing the nerve behind the ganglion. The patient had not eaten any solid food for several months, and was not in a good condition to undergo the operation. However, as her state was a very desperate one, I agreed to perform the operation, warning the friends that there might be fatal collapse even on the table. As a matter of fact, the operation presented no special difficulty beyond that of being very tedious. I resected the zygoma in order to have more room, but I feel sure now that that was a useless complication—that it was quite possible to have reached the nerve without it, and I

regret having done it, because I think it of course aided in producing the shock which caused a fatal termination to the case. On opening the dura mater the brain bulged moderately into the opening, but as soon as the effect of the shock began to show itself it of course sank. On exposing the nerve in the canal behind the ganglion, I passed a small blunt hook around it, and it then occurred to me that the small branch of the basilar artery which accompanies the nerve might give some trouble. I therefore thought one might safely attempt avulsion of the nerve from its attachment to the pons, and on gently drawing on it with a hook this was easily accomplished, and without even any noteworthy oozing. The wound was closed in the usual way. Unfortunately the patient never rallied from the operation, and died seven hours afterwards, obviously from shock.

At the post mortem examination—which I obtained with some difficulty, and further details of which will be given in a paper on the pathology of the disease shortly to be published—I found that there was no cause of death except that already mentioned. There has been a slight amount of oozing into the subarachnoid space, but nothing to produce any compression at all, and of course of that there were no symptoms during life. At the moment when the fifth nerve was separated from the pons, although the patient was well under the anæsthetic, there was arrest of the respiration and the pulse could not be felt. This lasted for probably not more than three to four seconds, and then the respiratory movements and the pulse became normal. On reviewing the result of this operation I am satisfied that the unfavorable termination was due to the special circumstances of the case, and the considerable series of experiments on the lower animals which have been made involving the division of the fifth nerve show clearly that the mere exposure and section of the nerve is not of itself dangerous to life."—*Horsley. Brit. Med. J. Dec. 12, 1891.*

Hartley, in the New York Medical Journal of March 1st, 1892, published the history of a case in which he had divided the second and third branches and removed the Gasserian

ganglion, by opening the head in the temporal region and turning the flap downwards. The account of his operation is as follows:—*N. Y. Med. Jour., Mar. 1, 1892.*



Showing the skin incision in Hartley's Operation.

An omega-shaped incision was made, having its base at the zygoma and measuring a distance marked by a line drawn from the external angular process of the frontal bone to the tragus of the ear.

The curved and rounded portion of this incision reached as high as the supratemporal ridge, the diameter of said circle being three inches. The skin and deeper tissues were cut in the shape of the Greek capital letter omega. This incision was carried down to the periosteum of the skull in all portions of the incision, except in the straight part at the base; the tissues were then retracted and the periosteum divided upon the bone in the same direction and as far as the straight part at the base.

With a chisel a groove was cut in the bone corresponding to the divided periosteum. This groove went to the vitreous plate, except at the upper angle over the rounded portion, where it included the vitreous plate.

A periosteum elevator was here inserted and used as a lever to snap the bone on a line between the ends of the circular portion of the incision. In this way the breakage occurs along the lower portion of the wound, and a flap, consisting of skin, muscle, periosteum and bone, is thrown down, exposing the dura mater over a circular area of three inches in diameter. The middle meningeal artery was tied, the dura mater separated from the bone, and the floor of the middle fossa of the skull was exposed. Broad retractors were used to raise the dura mater with the brain, and to expose the foramen rotundum and the foramen ovale. The hæmorrhage was stopped by sponge pressure. The exposure of the first, second and third divisions of the fifth nerve, together with the carotid artery and cavernous sinus, was exceedingly good.

The second and third divisions were isolated at the foramen rotundum and the foramen ovale, and, by slight pressure upon the dura mater, it could be stripped from the nerves to beyond the Gasserian ganglion. These were divided with a tenatome at the foramen rotundum and the foramen ovale, and that part between these and a point beyond the Gasserian ganglion was excised. As this amount of nerve is not very great, the ends of the nerves were pushed through the two foramina so as, if possible, to interfere with any re-union. In the retraction of the dura mater, owing to imperfect instruments, the third, fourth and sixth nerves were somewhat injured. As no bleeding was present, the brain was allowed to fill the fossa. The flap—consisting of bone, periosteum, muscle, and skin—was replaced. The irregular edge of the vitreous plate which remained attached to the bone not involved in the flap acted as a shelf on which the flap rested, and prevented its falling in upon the dura mater. The periosteum was stitched, the muscles secured in place, and the skin sewn with silk. One drainage tube was inserted at the lower angle; an antiseptic dressing was applied. Time of operation, one hour and forty minutes; the patient was carried to the ward in good condition. The disadvantage

was the inability to resect as long a piece as could be done in some of the other methods.

Krause has since operated by nearly the same method.

In two cases of intractable neuralgia which have fallen under my notice, I have operated by Hartley's method, and the account of the operations follows:

Case 1. Mrs.————, aged 59, came under my care September, 1892, suffering with right facial neuralgia, and gave the following history:

Pain began fourteen years ago in the right upper jaw nerve. The intermissions were complete and of varied length, months sometimes intervening between paroxysms. June, 1890, the second division of the fifth was divided at the infra-orbital foramen. The scar of this operation is visible. For two years complete relief was obtained. Then the paroxysms returned with great vigor. For several months the patient had been unable to talk, to swallow, laugh, or to use the face muscles in any way, without bringing on severe paroxysms. So much so was this the case that she carried a tablet on which to write instead of speaking. She avoided solid food, and took only liquids. Her condition was one of very great suffering, almost all the time—even when as quiet as possible agonizing attacks of pain came on.

The second and third divisions of the fifth were affected, cheek, lips, tongue, palate, gums, and especially the auriculo-temporal region.

September 8th, 1892, the operation was done in the usual way. The middle meningeal artery was torn in separating the flap of bone, and was ligated by passing a thread in a curved needle through the dura. On turning down the flap of bone the opening in the skull was found to be not large enough to give sufficient room, and so more bone was bitten away with forceps. There was an escape of cerebro-spinal fluid from the aperture made in the dura at the time of wounding the artery. The second and third divisions of the nerve, together with the Gasserian-ganglion

were well exposed to view. The nerves, and so much of the ganglion as seemed to be attached to the nerves, were removed, and the distal ends of the nerves tucked into their respective foramina. The bone was not replaced when the flap was put in position. A piece of silver wire, bent on itself, was laid at the posterior angle of the skin wound, so as to permit drainage, if required. A voluminous dry dressing was then applied. The flow of cerebro-spinal fluid was so great during the first twenty-four hours as to necessitate on two occasions that a folded sheet under the head should be changed. In twenty-four hours the cotton and gauze dressing was replaced by a dry one. This was again necessary on the second and on the third day, although the flow of fluid was less, when the wire was removed. Stitches were removed on the seventh day. Pain ceased from the moment of operation, and the patient had an uninterrupted recovery. No disturbance to the eye in any way was noted, and the patient was soon able to return to her usual life. The patient has no teeth, they having been extracted several years ago, in hope of relieving the pain.

Case 2. B———, aged 67, male, has been operated on for neuralgia of the second division of the fifth, right side, several times. The nerve has been cut away at the infra-orbital foramen; then more deeply, and finally Carnochan's operation was done. Temporary relief was afforded after each operation, but the pain subsequently returned. In February, 1893, I divided the middle division of the fifth, but did not divide the third division, as the patient did not suffer from neuralgia of this branch. Recovery was uneventful, and he went out of the hospital in three weeks. I have not been able to see him since the operation, and therefore his present condition is unknown to me. (The artery was divided as in the first case, and required to be tied.)

Since reading the above paper before the Faculty, two additional cases of intractable Trigeminal neuralgia have been operated on by me. I append a short history of each patient, together with the condition of the three patients whom I have been able to examine in regard to taste, sensation, etc.

An examination of case 1 thirteen and a half months after the operation shows as follows:

Motion of tongue unimpaired; the muscles of mastication are paralyzed. This did not appear to be so immediately after the operation. There are no trophic changes in the area to which the divided portions of the nerve are distributed; the skin is normal and does not show enervation; it is not shiny or red. Sensation on the face is wanting in the area shown on the accompanying chart. Outside the area of complete loss of sensation there is perverted sensation.

Case 1. The shaded portion indicates the area of skin anæsthesia.

The front part of the tongue and the antro-lateral aspect is without sensation, but a touch is recognized just in front of the circumvallate papillæ. The hard palate is without sensation. The soft palate is indistinctly sensitive. The mucous lining of the cheek in its anterior part is without sensation; further back sensation is present. Heat and cold are recognized in portions of the tongue where ordinary sensation is wanting. Taste on the tongue is not interfered with. The method of investigating taste was as follows: The tongue was drawn beyond the lips, and securely held. Its surface was then dried with a soft rag, and a drop of warm water,

containing sugar or salt in solution, was put on the part of the tongue entirely without sensation, either of general touch or heat or cold. Almost instantly the patient was able to tell whether sugar or salt was put on her tongue, and this, of course, without drawing the tongue into the mouth, but while the tongue was firmly held outside the lips.

The patient states that the tongue is now more sensitive than it was at first. She complains of a feeling as though the gum and cheek of the affected side were covered with India rubber. She chews on the left side, for occasionally food which is being eaten gets into the right cheek, and it is necsary for the patient to press it back into the mouth with the hand; this, however, occurs but seldom.

The right occipito-frontalis is no tparalyzed, nor is the corrugator supercilii. The patient wears without discomfort the same set of false teeth that she wore before the operation. Slight pulsation under the flap. Temple concave.

Case 3. Miss———, in her 79th year, gives the following history: Pain in the second division of the fifth nerve on the right side began in 1863. The pain was not great and occurred at intervals for several years. The intermissions became shorter and the pain more marked. In the third division, pain was noticed several years later. The pain became progressively worse and worse. At the present time the pain in the lips and gums and tongue is most intense.

The patient sits with the mouth open lest the lips should touch each other; holds the lips as still as possible; does not move the tongue; allows the saliva to dribble from the mouth because the pain in swallowing it is so great. This pain is not in the throat itself, but is referred to the tongue, lips and side of the cheek. She has had no teeth extracted on account of neuralgia; one of the very few cases about whom this can be said. Yawning is impossible on account of pain which is referred to the lower jaw joint. She has taken no solid food for some years, and has lived on soft toast, soft eggs, tea, etc., etc. There is on the right side hyperæsthesia of the face, the skin is rough and coarse. The condition of the patient was most distressing. She had been subjected to no operation, and had borne her sufferings as

best she could. I operated in the usual way, June 30th, 1893, notwithstanding the patient's advanced age. She seemed active and strong, and I did not think her number of years should prevent my affording relief, if I was able so to do.

The middle meningeal artery was not divided. When the second division of the nerve was exposed at the base of the skull, I stripped the dura from it as usual. There was a gush of cerebro-spinal fluid, which subsequently welled up quite clear until perhaps two ounces were sponged away. The second and third divisions of the nerve and the Gasserian ganglion were then exposed, excised and the nerve ends pushed back into their respective foramina.

The wound was closed as usual, and a dry dressing applied, which was changed on the eighth day. Recovery was uneventful; relief from pain absolute.

Examination four months after the operation reveals anæsthesia of the face, as shown in the diagram. Outside the area of complete anæsthesia there exists a zone of irregular sensation, in which the difference between heat and cold is plainly recognized, but ordinary sensation is wanting.

Case 3. The shaded portion indicates the area of skin anæsthesia.

The tongue in its right lateral half, as far back as it can be touched, is anæsthetic. So also the inside of the cheek and the hard and soft palates.

Taste. Sugar and salt are plainly recognized on the anterior portion of the tongue where anæsthesia exists.

The muscles of mastication are paralyzed. The right anterior half of the occipito frontalis is paralyzed; also the right corrugator supercilii. Doubtless from division of the branch from the seventh by the superficial wound, electricity shows degenerative reaction.

There is no pulsation to be recognized under the flap. Temple concave. A slight touch on the teeth in either the lower or upper jaw of this patient is felt distinctly. The harsh rough skin has become smooth and fair, the face has become that of a placid and contented woman.

Dr. F. T. Miles examined this case with me.

Case 4. Mrs. S———, aged 46, a widow, came under my care in 1892, suffering from neuralgia of the third division of the fifth. In the body of the lower jaw I chiselled the bone and excised one inch of the nerve. The wound healed at once and complete relief was obtained, which lasted thirteen months. She then consulted me again, suffering pain in the lower lip, tongue in the auriculo-temporal region, and in the territory supplied by the second division of the fifth. Prior to the first operation she had been subject to neuralgia for six or seven years, diffused over the side of the face, which was localized only within a few months of the time when she first consulted me. Paroxysms now came on very frequently. They were excited by movemcnt, by touching the face, or without apparent exciting cause. I performed the usual operation. The meningeal artery was not interfered with. As the brain seemed somewhat in my way, I raised the dura and opened it, thus permitting cerebro-spinal fluid to escape, which gave me much more room, so the exposure and removal of the nerves and ganglion became easy. A bit of bent wire was laid at the posterior angle of the wound, and removed with the first dressing. Some blood, but no cerebro-spinal fluid escaped into the dressing.

On the sixth day the patient put her hand by the side of her eye and scratched the wound, under the dressing, which she said itched very much. This irritated the wound somewhat, and on removing the dressing two days thereafter, I found some redness at the point where she had scratched. The dressings were changed and stitches removed, and everything went well.

Present Condition.—Pain entirely relieved. Anæsthesia of the face is shown in the diagram.

Case 4: The shaded portion indicates the area of skin anæsthesia.

The right half of the tongue, hard and soft palates, gums, and inside of left cheek are anæsthetic, but not extending so far back as in the previous case.

The replaced bone is firm and strongly in position. The right half of the occipito-frontalis is paralyzed, as also the corrugator supercilii. The anterior extremity of the omega incision is hyperæsthetic.

There are no trophic changes in the anæsthetic area. Muscles of mastication paralyzed.

The difference between heat and cold is not recognized in the anæsthetic territory. Taste within the mouth the patient

says is the same as always, but the difference between salt and sugar when applied on the tongue held beyond the lips is not recognized.

The conjunctiva of the right eye is slightly anæsthetic. The right nostril is not so sensitive as the left to the pungency of aq. ammon.

While the method pursued in all of my cases was not entirely that indicated by Hartley, it varied from it so little as properly to be classed as instances of his operation.

The skin incision has been as his; the division of the skull I have made with chisel, also using strong forceps. I have not found that the bone always broke as low down as I would wish it, and so have not hesitated to remove additional bone with forceps. Whether the bone is replaced or not, does not affect the healing of the wound. In two of the four cases the middle meningeal artery was torn while making the bone flap, and was tied by passing a single silk ligature through the dura proximal to the tear by means of a curved needle.

I have noted that when first opening the head, the brain seemed to fill the cavity and the dura appeared tense; this is due to the presence of cerebro-spinal fluid, as well demonstrated in the two last cases.

In the last case I did not, therefore, hesitate to punctuate the dura and evacuate the fluid, after which, the patient being on the opposite side, the brain was found to lie quite away from the field of operation, and the dura mater rested wrinkled on the surface of the brain, as a sheet loosely thrown over a bed. Thus ample room was afforded for uncovering the nerves and exposing the ganglion. This observation was to me extremely interesting.

In uncovering the nerves, I begin with the second division. Having uncovered it, I pass a ligature around it with a long aneurism needle having a short curve; then strip the dura from it backwards, reaching the third division and the ganglion. With the same needle, I pass a ligature around the third division. Making gentle traction on the ligatures, with a long, sharp curette, I am able to separate the nerves

and take away the adjacent portion of the ganglion, and then make my section of the nerves at the round and oval holes. In this way, I do not attempt to take away all the ganglion. I exposed and recognized the first division, but left it alone, for there was no reason why it should be disturbed. In certain cases, hitherto reported trouble with the eye, ptosis, etc., has been reported. In none of my cases has any disturbance of nutrition or function of the eye been apparent. I attribute this to the method already referred to for isolating the nerves and the ganglion and confining the operation exclusively to them.

The operations have been long, but recovery in every instance has been rapid and complete. In all cases, the wounds healed at once, except the fourth, where the patient scratched the recent wound and infected it.

It is worthy of note, very suggestive for the future, that in the case of the patient upon whom operation was performed fourteen months ago, there is less anæsthesia and more perverted sensation than in the other cases. Sensation seems to have returned somewhat, and it is interesting to speculate as to whether sensation will ever completely return, and if so by what route.

Preservation of the sense of taste after division of the second and third divisions is to be noted.

That the power to recognize heat and cold exists in a region rendered devoid of ordinary sensation by nerve section, is of much interest, and recalls an observation made some time since that a conjunctiva insensitive from the local application of cocaine still appreciates the difference between heat and cold.

When dividing the third division of the nerve in case 4, I believe that I isolated and recognized the motor branch before dividing it. Not having provided myself with a sufficiently long and fine electrode, I could not prove the accuracy of my opinion by electric stimulation, and therefore divided everything.

By leaving intact the motor branch, the patient would not have food collect in the cheek of the paralyzed side, and in the future operations an effort should be made towards this end.

ANNUAL ADDRESS.

INTRA-PERITONEAL HÆMORRHAGE.

By Reginald H. Fitz, A. M., M. D.,

Hersey Professor of Practice, Medical Department, Harvard University, Boston.

Although having accepted the compliment of an invitation to address your honorable body, I am, nevertheless, impressed with the serious nature of the task. My predecessors have often been men of such distinction in the profession that success was sure to crown their efforts. Such merit as may be lacking on my part I trust may be atoned for by my willingness to make a considerable personal sacrifice to be present at your meeting. A sacrifice that was not without a sense of pleasure in anticipation, since it was to give me the opportunity of meeting so many eminent physicians in a city which is rapidly coming to the front as one of the most important medical centres of this country.

It might seem fitting that one who has been familiar with the various steps which have preceded the scientific development of medical education in this country during the past twenty-one years might have something to offer on this topic. In almost any other city much might be said which would perhaps serve as criticism, encouragement or stimulation. In Baltimore, however, in the present year of grace, even an enthusiastic advocate of the higher medical education may well hold his peace. It is for your university to establish and elaborate the model American medical school of the coming generation; as it has been the task of Harvard to faithfully, fearlessly, but always, I hope, judiciously work toward the same end during the past generation.

In this work, too, we have been obliged to seek for aid from you—our professor of pathology has long been one of

your distinguished members, one who has made illustrious the name of your city and State. I can assure you that in the acquisition of Dr. Councilman we feel that a new impetus has been received to add force and breadth to our development. Another of your honored representatives we have gained but to lose. In Professor Howell, our physiological department seemed to have acquired a most important addition to its strength. The lapse of a few months has shown that a wider sphere of usefulness is to be opened to him, and his future labors are to be performed where his earliest distinction has been won.

No greater encouragement can be offered to seekers for progress than to find themselves emulated, even if surpassed, by others whose opportunities may be larger and less restrained.

However high may be the standard of the Johns Hopkins University Medical School; it can be none too high for other schools to strive for. The success of its efforts lies in the hands of such organizations as your honored society and of kindred societies throughout the land.

The practice of medicine is the ultimate aim and object for which all medical schools must provide. However interesting the study of anatomy, physiology and chemistry may be for their own sake, they are but preliminary studies. They belong legitimately to a preparatory course; not merely to the study of medicine, but to fit the youth to better undertake any professional work, to better pursue mercantile careers, to become better citizens.

They are university studies; and may furnish the best possible training for some individuals to reach the highest success in whatever profession or occupation may be followed. It is the application of anatomy and physiology and chemistry which more exclusively belongs to the medical school. It may be that in our own day of progress these subjects are best taught as sciences where they are most needed for the practical wants of mankind. But chemistry has already become so far-reaching in its industrial possibil-

ities that the merest elements of the science are now required for the immediate needs of the medical practitioner.

It may be questioned whether physiological chemistry is not, strictly speaking, as much of a preparatory study as is general, descriptive and analytical chemistry. Its student need have no aspirations or leanings towards a medical career. He may even find a life's occupation in its pursuit, irrespective of any application of his work to the recognition, prevention or treatment of disease. Pathological chemistry, on the other hand, is of the utmost importance to the physician. Without it his possibilities of recognizing disease, of testing the value of his measures for its relief, may be sadly handicapped. With it there are placed before him far-reaching possibilities in the diagnosis, prevention and treatment of disease, whose scope none of us can define.

The chief end of the vast majority of medical students is to be taught to practice the various branches of medicine and surgery. As the opportunities for development in these directions are offered, the student finds himself more attracted in the one direction than in the other; and his future occupation is the more medical or the more surgical, sometimes against his wishes and despite his control. He is inclined to look upon the treatment of his patient more from the medical or from the surgical point of view, as his opportunities for development have been in the one direction or in the other. This tendency is nowhere more strikingly shown than in the treatment of the diseases of the abdominal cavity. The frequent inefficacy of medical treatment, the immediate benefit often afforded by the surgeon, tend to make the physician less confident of his resources as they make the surgeon bolder in the employment of his methods. The practice of medicine thus tends, in many directions, to become more and more the practice of surgery. But a prevailing tendency is always liable to become extreme and should be guarded against.

In no respect has the progress of abdominal surgery led to more brilliant results than in the treatment of certain

varieties of intra-peritoneal hæmorrhage. After the abdomen has been opened the diagnosis is easily made and an existing or threatening hæmorrhage is readily controlled. The surgeon is thus tempted by the success of his exploration in a doubtful case to forget that a surgical operation is a therapeutic necessity, not a diagnostic procedure. He reasons that because persons have sometimes bled to death when a laparotomy might have saved life, therefore it is necessary to give the patient the chance of having life saved by this operation, although the danger is rather suggested than imminent.

He is not inclined to recognize that the benefit of the doubt may lie rather in the saving of life without an operation. The success of a successful operation is so immediate and positive that it is easy to overlook or disregard the large percentage of recoveries under medical treatment from similar symptoms with all but demonstrable similar lesions. But the finding of a blood-clot after the abdomen has been opened is no necessary justification for the search for it. The tendency to do something when in doubt must always yield to the duty of doing what is most judicious.

It seems, therefore, not unprofitable to consider the subject of intra-peritoneal hæmorrhage from a general point of view, especially bearing in mind the experience of the past, with the hope that the indications for its medical treatment may be made conspicuous and the existence of limitations for its surgical treatment be emphasized.

In requesting your attention to this subject it is not planned to offer any new evidence, but to call to your mind conclusions, which have been previously presented, in such a form as may suggest that differences of opinion still exist as to the best method of treating the class of disease under consideration. To carry out this plan it is necessary to consider the various causes of intra-peritoneal hæmorrhage, their symptons and results.

The prevailing idea that intra-peritoneal hæmorrhage is always a disease of women and is the result of ectopic gestation has a certain practical value, but is not true. Mild and

fatal cases occur in men, though in far less proportions than in women. That the hæmorrhage may take place it is essential that blood-vessels rupture. The rupture demands a weakened vascular wall. This weakening is the result of causes which may occur in either sex alike or may be limited to the female sex.

Obvious causes are the wounds which penetrate the abdominal wall or viscera from without, or which crush or tear the subjacent vessels without signs of external lesion.

The hidden causes are those which demand closer attention. Among these, aneurismal dilatation requires consideration. More common in man than in woman, abdominal aneurisms are usually irremediable. But when they affect the secondary branches of the abdominal aorta, as the smaller omental or mesenteric arteries, the timely treatment of their rupture may save a life otherwise lost.

Fatal intra-peritoneal hæmorrhage is no rare result of the rupture of blood-vessels in malignant tumors of the liver, pancreas and ovaries.

The greatest practical importance, however, is to be attached to the pelvic sources of hæmorrhage. These are to be found almost exclusively in the genital organs of the female. They are the dilated and weakened vessels in the ovaries and broad ligaments, as well as those developed in the course of a tubal or abnormal uterine pregnancy. In this series is to be included the hæmorrhagic pelvic peritonitis, almost invariably limited to women and usually originating from disturbances arising in the genital tract.

Hæmorrhages from scurvy, purpura, hæmophilia, infectious diseases and phosphorous poisoning are without practical importance in the present consideration.

The effects of a rupture of the blood-vessels are, as Veit has conspicuously shown, essentially dependent upon the escape of blood into the open peritoneal cavity or into a part which has been separated from the rest by adhesions. In the former case the blood is poured out without hindrance; more or less rapidly according to the calibre of the ruptured vessel, the size of the opening, the volume of blood and the

strength of the heart. The result is a hæmoperitoneum. The liquid and clotted blood lies in the lowermost parts of the abdominal cavity beneath and between the intestines. According to the extent of the hæmorrhage the hæmoperitoneum either proves rapidly fatal or the blood is absorbed, except in occasional instances, without the production of a tumor.

If the hæmorrhage takes place into a part of the peritoneal cavity shut off from the rest by adhesions, a hæmatocele follows. The hæmatocele is usually pelvic in its origin and seat, occurs in the female, and forms a tumor. If the bleeding continues, this tumor enlarges, and may subsequently rupture and produce a hæmoperitoneum. If the bleeding ceases the frequent result is the absorption of the clot. But the hæmatocele is generally seated in the pelvis, a region in which septic infection of the clot may be easy, and the infected clot then causes a destructive inflammation of the surroundings. There are peritonitic adhesions to the walls of the rectum, vagina or bladder; and a septic peritonitis follows, or a discharge of the softened clot takes place into one of the hollow organs above mentioned; oftenest into the rectum, then into the vagina, rarely into the bladder. The discharge into the rectum or vagina if properly controlled is usually harmless and beneficial; while that into the bladder is most serious, from the extension of the resulting cystitis to the kidney, with the production of a pyelenophritis. Perforation may also take place elsewhere in the bowel, with permanent fistulæ, through the hæmatocele, between the ileum or cæcum, into the rectum. Absorption without septic infection may take place, however, and the possibility of the occurrence of the above complications is an insufficient justification for a severe operation for their prevention.

Intra-peritoneal hæmorrhages may thus be divided into those which are immediately or remotely dangerous and those which are comparatively harmless. The immediately dangerous are such in virtue of the rapidly progressing anæmia. The remotely dangerous become so in consequence

of the complications which may arise in the subsequent history of the extravasated blood.

In the practical consideration of the individual case it first becomes necessary to establish the existence of an intra-peritoneal hæmorrhage, then to determine its cause and finally to decide upon its treatment. That the diagnosis is not always easy, and is sometimes extremely difficult, is obvious to all who have had experience in the matter or who are familiar with the literature of the subject. An exploratory laparotomy has often proven to be the only means by which the diagnosis has been established; and has also repeatedly made clear that there was no intra-peritoneal hæmorrhage, which had been suspected.

A well person, suddenly seized with rapidly advancing collapse, presenting a pinched, sunken face, an anxious and fearful expression, cold extremities, a clammy skin, deep and sighing respiration, a hollow, husky voice, an almost imperceptible pulse, and without other objective symptoms, is, presumably, suffering from a concealed hæmorrhage. Abdominal or pelvic pain is the only positive localizing symptom, and may not be of extreme severity or of prolonged intensity. Various sources of intra-abdominal hæmorrhage may be excluded—as the stomach intestines, urinary tract or uterus—by the absence of previous symptoms pointing to disease of these organs, and by the failure of blood to appear in the vomit, stools, urine or vagina. A gastro-intestinal source of so serious a hæmorrhage is usually preceded by long continued attacks of pain in the region of the stomach or duodenum, or by symptoms of typhoid fever or of fibrous hepatitis. Metrorrhagia sufficient to produce so profound a collapse occurs only with placenta prævia or after child birth; while renal or vesical hæmorrhage, even when severe, would fail to produce so much immediate disturbance.

The existence of a severe intra-peritoneal hæmorrhage is thus to be established by exclusion. Veit has shown that there are no physical signs sufficient to prove the presence of a large quantity of blood in the free peritoneal cavity.

It gives rise to no more dullness than may result from intestinal contents; it offers no more resistance to the palpating finger than may be offered by coils of intestine.

The treatment of so severe an intra-peritoneal hæmorrhage as that above suggested, necessarily depends upon its cause. If it is due to an aneurism of the abdominal aorta, or to a cancer of the liver or pancreas, a laparotomy is useless, except, perhaps, to offer in anæsthesia an easy means of dying. Antecedent symptoms are likely to have given evidence of these lesions and, fortunately, death is often so rapid from these causes that time is lacking even for anæsthesia.

On the contrary, immediate laparotomy is indicated for such severe intra-peritoneal hæmorrhage when an aortic aneurism or a malignant abdominal tumor is to be excluded. The causes are then to be found in a small aneurism or in an ectopic gestation.

The former is rare, of greater frequency in man; the latter common and preceded by symptoms which are often sufficiently suggestive. These are the omitted menses, the irregular metrorrhagia, decidual discharge, paroxysmal or peritonitic pain, and possibly, on vaginal examination, a tumor outside of the uterus, with slight enlargement of the latter. The tumor often fails, when much needed for diagnosis, from simultaneous extrusion of the fœtus and escape of blood into the abdominal cavity.

The collapse may be less profound, though still severe, and be independent of hæmorrhage into the peritoneal cavity or into the hollow organs of the abdomen. A ruptured ovarian cyst, or a tumor with a twisted pedicle, may then be concerned. In either case a tumor of sufficient size to be easily recognized will be found. An eventual laparotomy is then unquestionably demanded; an immediate laparotomy may be extremely injudicious.

The cases then presenting the greatest difficulty in diagnosis are those where the question of treatment may best be in dispute. Debility and exhaustion are present; unexpected,

perhaps, but not extreme. There is moderate pallor, and the pulse is but slightly accelerated or weakened. The abdomen or pelvic pain may be as severe and sudden as before, but the constitutional disturbance is less. Such a patient may walk into the consulting room complaining of little else than pain. In this class of cases there is no considerable hæmorrhage into the free peritoneal cavity, but a circumscribed tumor will be found on pelvic examination. It is the nature of this tumor which demands most careful consideration. It should be determined, if possible, by other means than by an exploratory laparotomy. If this is employed the treatment becomes of necessity abdominal and surgical, whereas in many instances it should be medical, or, if surgical, then vaginal or rectal.

Such cases are almost invariably limited to women. Similar symptoms may occur in man, as in a case recently under my observation in the practice of Dr. Loring, of Newton. They proved to be due to an extensive sub-peritoneal hæmatoma from a ruptured small aneurism of the iliac artery. The pelvic tumor is to be found, at the outset, near the uterus, usually behind or at one side. It is firm, elastic, sensitive, and when early appreciated, may be as large as an orange. Such a tumor may be a pus tube, or an ovarian or uterine tumor, but these lack the sudden development of anæmic symptoms. It may be a retrofixed, pregnant uterus, which is to be eliminated by finding a dilated bladder and a history of urinary retention. The tumor may be due to retained menses or to pregnancy in a rudimentary horn. The tumor then forms a part of the uterus, the os being dilated and crescentic. By way of exclusion, then, the tumor is likely to prove a hæmatocele or a hæmatoma of the broad ligament.

The same causes, viz., ruptured vessels in the ovaries, tubes and broad ligaments, are concerned in the origin both of the hæmatoma and the hæmatocele. In addition, the latter may be caused by an antecedent attack of pelvic peritonitis, which is likely to be inferred from the previous history of the patient. The usual cause of each is to be found in an

ectopic gestion, the important features in the recognition of which have already been stated. The effect upon the fœtus is likely to be the same in either case. The quantity of blood poured out is usually sufficient to destroy the fœtus if it lies between the folds of the broad ligament; and the same result is likely to follow the rupture of the sac in which the fœtus is contained. It either case the hæmorrhage usually takes place outside the fœtal membranes. Compression by the extravasated blood is the probable event in case of the hæmatoma; extrusion of the fœtus, with or without its membranes, is the probable event where the rupture of the material enveloping membrane takes place into the peritoneal cavity.

Unfortunately the distinction between the two is not always, perhaps not often, to be determined by physical examination. Yet the best treatment of the hæmatoma is almost universally recognized to be expectant, that is, medical; while that of the hæmatocele is often in dispute. The important practical point of distinction between intra-peritoneal hæmorrhage with and without a tumor is, that delay is possible and desirable in the latter case, dangerous, perhaps fatal, in the former.

The diagnosis of the hæmorrhagic nature of the tumor often becomes confirmed in the course of twenty-four hours by the subsequent symptoms. It is likely to become larger and eventually may even be of the size of a child's head. It fills the pelvis, perhaps projects above it, and presses upon the bladder, rectum or pelvic nerves. Frequent micturition, painful stools, pains or paræsthesiæ in the legs are likely to ensue. The vaginal wall becomes depressed behind or in front. The uterus is elevated near the symphysis or in the hollow of the sacrum, according to the retro or antero-uterine seat of the tumor. Symptoms of a mild localized peritonitis now become apparent. There is chilliness and slight fever, the latter lasting but a few days, hypogastric and vaginal tenderness, which may remain for some time longer. The tumor tends to become smaller, denser and in the course of time may be represented merely by a diffuse

induration. The larger the hæmatocele the more prolonged the period of absorption and the greater the liability of the patient to discomfort from the associated adhesions, obliterated tubes, dislocated ovaries and displaced uterus. Dysmenorrhæa, sterility and chronic invalidism are then not unlikely results.

In other cases it becomes increased in size, with recurrence of the acute symptoms. The more frequent the recurrence the graver the condition, the greater the danger of perforation. This may be expected to take place into the rectum when the latter becomes irritable, as shown by frequent mucous discharges and tenesmus. Rectal examinations may then reveal a soft spot in the elsewhere hard wall of the tumor, indicating the point where the discharge is to take place. In like manner a pointing of the hæmatocele into the vagina may be shown by a yielding, bulging mass on digital examination of this cavity. The evacuation is followed by temporary relief, which may become permanent with the disappearance of the tumor. On the other hand, as before stated, if infection from the rectum or vagina takes place, leading to putrefaction of the clot and gangrene of the wall, symptoms of peritonitis are likely to appear. But the infection of the cavity of the tumor may be rendered harmless after its occurrence or be prevented from taking place without the need of a laparotomy.

In brief, the recognition of a pelvic tumor and the more accurate determination of its nature in connection with the symptoms of intra-peritoneal hæmorrhage is of the greatest importance. Small and large hæmorrhages into the free peritoneal cavity may occur with or without the presence of a tumor. Small hæmorrhages are readily absorbed; large hæmorrhages, without surgical interference, prove fatal in the course of a few hours or days and require immediate laparotomy, whether a tumor is present or not.

If the symptoms are less urgent and a large tumor is present, especially if there is no history suggestive of pregnancy, and there is the previous knowledge of a tumor, the laparotomy may be postponed until the patient recovers from the

shock, due, probably, to the twisting of the pedicle of a uterine or ovarian tumor, or to the rupture of a cyst.

If the symptoms are less urgent and a small tumor is present, the case will bear watching. The condition is likely to be a hæmatocele or a hæmatoma. In either event there is no urgency unless hæmorrhage persists, the tumor greatly enlarges or ruptures, and a hæmo-peritoneum results, in which case there can be no question of an immediate laparotomy.

Frequently the extravasated blood is likely to be absorbed without serious disturbance. The patient should therefore be treated by ice to the abdomen, rectal or vaginal enemata of cold water, and by opiates for the relief of pain. Absolute rest, the use of the catheter and saline laxatives complete the requirements of treatment.

If, as stated by Gusserow, the hæmatocele is so large as to be mechanically disturbing or absorption ceases, or the circumstances of the patient do not permit slow absorption, or prolonged rest afterwards, or if the contents become infected, as indicated by symptoms of septicæmia, the tumor should be opened, emptied and drained without delay. Whether the incision should be made through the abdominal, vaginal or rectal wall must be determined in the individual case, with a general tendency in favor of vaginal drainage.

The great success which has followed the vaginal incision, the tumor being opened and the clots removed, has been repeated so many times by so many operators that it is unquestioned. This too, without waiting for any of the possibilities which make the operation demanded. It has often been done in the early history of the tumor, to save time in healing or to obviate possible repeated or continued hæmorrhage. Healing may be even more rapid than after abdominal incision, days only elapsing between the operation and the recovery of the patient. The comparative merits of the various methods of treatment can only be determined after the lapse of time. The older statistics with reference to treatment by purely medical methods or by puncture, even by incision, are no absolute standard of what may be done

now, with a better understanding of the etiology of the condition, a surer knowledge of the complications which may arise and a more complete appreciation of their timely prevention. The recommended early abdominal incision is not yet sufficiently proven to be without serious after-effects; in the production of hernia, or in the formation of abscesses which may lead to intestinal obstruction or may act in favor of producing a subsequent intra-peritoneal hæmorrhage, from the same cause, namely, ectopic gestation. That this is no fanciful assumption has been recently illustrated in the practice of my friend, Dr. F. B. Harrington, of Boston, who has twice operated upon the same woman for intra-peritoneal hæmorrhage from ectopic gestation within a period of two or three years.

The comparative results of other treatment than laparotomy as shown by Zweifel a few years ago are as follows:

Of 144 cases treated expectantly, 16.6 per cent. were fatal; 66 cases treated by puncture, 15.1 per cent. were fatal; 30 cases treated by vaginal incision, 10 per cent. were fatal.

The medical treatment of intra-peritoneal hæmorrhage, when feasible, permits the patient to recover without operation and renders possible and easy operation when necessary, and one not demanding especial skill.

Laparotomy for intra-peritoneal hæmorrhage is unnecessary in a large number of cases and when undertaken substitutes a severe for a simple operation, and one requiring considerable technical skill, therefore not generally applicable.

In bringing these remarks to a conclusion, I must apologize for my shortcomings in presenting to you rather a medical essay than an address or oration. The last term would have been so discouraging that I should have declined the attempt had I known it was to appear under this term. Professor Welch, in extending me your invitation, allowed me the usual license of selecting my subject. I trust I may have interested you in the practical side of the question, even if I have presented it under the false colors of a dignified title.

Rules for the Government of the Library.

Adopted May 9th and 12th, 1892.

I. The Librarian or Assistant Librarian shall attend at the Library Rooms daily except Sunday and legal holidays, from 12 o'clock until 6 o'clock P. M., during which hours only, books and journals may be taken from the Library.

II. Each member of the Faculty, paying the annual dues, shall be entitled to take out at one time, four volumes duodecimo, two volumes octavo, one volume quarto, or one volume folio. This rule may be suspended by the written order of three members of the Library Committee.

III. City members retaining books longer than two *weeks* and county members longer than four weeks, shall be subject to the following *fines* per week, viz: 10 cents for the first week, 20 cents for the second week, 30 cents for the third week, and 10 cents per week for every week thereafter. Such fines shall be appropriated exclusively for the benefit of the Library.

IV. No book shall be delivered to a member unless in person or to his written order. A member receiving a book shall be held responsible for it from the time of its delivery until its return to the Library.

V. A member not returning a book or books, belonging to the Library, within four weeks after the date of receiving them, shall be notified *by the Librarian* that he is incurring a fine; and if they be not returned within three months, in the absence of satisfactory reasons therefor, the Librarian shall recover them, or if they be lost, their value, in behalf of the Faculty; otherwise, the defaulting member shall forfeit the privileges of the Library, and shall be reported at the next annual convention of the Faculty, by the Library Committee. Should any book be injured or defaced while in the possession of a member, he shall be fined, at the discretion of the Library Committee, or, at his option, may furnish such a copy of the same work as shall be acceptable to the Committee.

VI. If any member, upon returning a book, shall find that there has been no application for it while in his possession, he may take it again for the time allowed in Rule III, but

may not take it out a third time until after the expiration of one week succeeding its return to the Library. New books may not be taken by members for more than one term of two weeks, until after the expiration of one additional week after their return.

VII. Members are not entitled to receive books from the Library until all arrearages for fines are paid. Fines may be remitted or reduced, for just and sufficient reasons, by the Library Committee.

VIII. The Librarian shall appropriately number and stamp the books, pamphlets and periodicals, and place them in proper order on the shelves. He shall obtain and keep a correct list of the members paying the annual dues. He shall record, in a book kept for the purpose, the names of members who receive books from the Library, the titles and sizes of the books, the time of their delivery and of their return. He shall continue the catalogue of the books, pamphlets, periodicals, etc.; keep an account of all moneys received by him for fines, contributions, sales, etc., which moneys he shall pay into the hands of the Chairman of the Library Committee on the last week day of each month. He shall report during the last week in March of each year to the Library Committee, a statement of such donations of money or of books as may have been made to the Library, with the names of the donors, as well as of such books, pamphlets, periodicals, or other valuable matter as may have come into the possession of the Library by purchase, exchange, or otherwise. He shall keep a record of all books, periodicals, etc., upon the subscription list of the Library Committee, shall keep due record of their receipt at the proper time, and shall report to the Library Committee the non-receipt of any when over-due. He shall keep on file applications for such books as may have been let out of the Library; and may make any suggestions to the Committee he may deem necessary.

IX. Under no circumstances will members be permitted to remove new books, new journals, or other recently received matter, before such time as the Library Committee shall determine.

X. Scarce and valuable books, the loss of which it would be difficult to replace, shall not be removed from the Library rooms without the approbation of two members of the Library Committee.

XI. The Librarian is empowered to sell or exchange duplicate books, journals, etc., upon such terms as may appear advantageous, upon the approval of the Library Committee.

Resolutions, Amendments, &c., affecting the Constitution, from 1885 to 1893, inclusive.

May 16th, 1885, By Dr. J. Edwin Michael. Changing the word *gentlemen* to the word person in Article IV, Sec. 1, of the Constitution, and changing phraseology throughout to correspond.

May 16th, 1885, By Dr. E. Cordell. Changing Article IX of the Constitution to read "The Annual Meetings of the Faculty shall be held in the City of Baltimore on the fourth Tuesday in April, or at such date as the Executive Committee, with the concurrence of the President, shall appoint. A Semi-Annual Meeting may be held at such time and place as the Executive Committee may designate."

May 1st, 1886, By Dr. G. Lane Taneyhill. Article VIII, of the Constitution, to read, "All resignations must be sent to the Corresponding Secretary, and can be accepted only by the Faculty, at any meeting except a memorial meeting."

May 1st, 1886, By Dr. G. Lane Taneyhill. "That the Corresponding Secretary, in giving notice of an Annual Meeting, shall do so at least two weeks before the date of such meeting."

April 29th, 1887, By Dr. John R. Quinan. Article III, Section 5 of the Constitution to read as follows between the words "referred to them" and "shall present:" He shall notify all members, by circular or otherwise, of the time and place of each meeting, and, if it be an annual one, he shall issue such notice at least two weeks before said Annual Meeting.

April 27th, 1888, By the Secretary. *Resolved*, That the Treasurer is hereby instructed, annually, until otherwise ordered, to mail on April 1st, a printed statement of indebtedness to all members who are delinquent, stating the year of delinquency, and informing such members that by the Constitution, unless payment be made before the fourth Tuesday of April, they are temporarily deprived of the privileges of the Faculty, among which are voting, eligibility to office, and appointment on Standing Committees, sections, or as delegates to any Convention.

Resolved, That the Treasurer is hereby instructed, annually, until otherwise ordered, to hand up to the presiding officer at the adjournment of the third day's session, a revised list of delinquents, resignations, deaths, and dropped for non payment of dues of members, in order that the President may be enabled to complete a proper list of appointees for the ensuing year.

April 27th, 1889, By Dr. Chas. H. Jones, on motion to adopt the report of the Committee on Increasing Membership. "Change Art. X of the Constitution, making dues from city members after the fourth Tuesday in April, 1890, $5.00, and those of county members $2.00. Also change the phraseology of Sec. 1, Art. IV, to read five instead of eight."

April 27th, 1889, By Dr. Randolph Winslow. Change Sec. 2, Art. VI, to allow the publication of papers read before the Faculty elsewhere than in the Transactions, provided they have not been read previously before any medical society, and that such publication take place after they have been read before the Faculty.

April 25th, 1890, The following "Rules" offered by Dr. B. B. Browne, Chairman of the Library Committee, were adopted. "City members retaining books longer than two weeks, and county members longer than four weeks, shall be subject to the following fines, per week, viz.: 10 cents for the first week, 20 cents for the second week, 30 cents for the third week, and 20 cents per week for each week thereafter. Such fines shall be appropriated exclusively for the benefit of the Library.

April 24th, 1890, On motion of Dr. B. B. Browne. *Resolved*, That at the Annual Convention, *an executive session* be held on Wednesday, the second day of the Convention, at 8 P. M. That at this meeting the reports of all the Committees shall be read, miscellaneous business shall be considered, and the election of officers take place.

April 29th, 1891, By Dr. J. C. Hemmeter. The *titles* of all reports and papers must be sent to the Recording Secretary *at least one week before* the opening of the meeting at which it is desired to read the paper.

April 23rd, 1891, By the Library Committee. *Resolved*, That the sum appropriated by the Faculty for the use of the Library be disbursed to the Chairman of the Library Committee in equal payments, the first to be made on or before May 10th, the second on or before August 15th, the third on or before January 15th, and the fourth on or before April 15th, of each year.

April 27th, 1892, By the Library Committee. *Resolved*, That *one-half* of all the *initiation fees* and *annual dues* be paid to the Library instead of five-eighths of the dues from city and two-thirds of dues from county members, as at present.

April 27th, 1892, By Dr. Hiram Woods. The Chairman of each Section shall select some member of the Faculty to open the discussion upon one of the papers to be read by his Section. He shall send to the Recording Secretary the name of the one selected when he sends the titles of papers to be presented by his Section.

April 26th, 1893, By Dr. Wm. H. Welch. *Ordered*, that the Recording Secretary assist the Chairmen of the Examining Boards to prepare and issue the diplomas of membership, it being already his duty to affix the seal to the diplomas.

April 26th, 1893, By Executive Committee:

In Article V, Section 1, of Constitution, omit the words "and Sections"—and all that follows after the words "Committee on Ethics," insert "Committee on Programme" after "Committee on Ethics."

Omit the word Section or Sections (when used to designate Section on Surgery, Section on Practice of Medicine, etc., as enumerated in Article V, Section 1,) from Article III, Sections 1, 3, 5, 7, Article V, Section 2, and change the phraseology to correspond to these omissions. Omit the last paragraph beginning "each Section," etc., in Article V, Section 2. Change Article III, Section 1, paragraph 2, to read thus: He shall call a special meeting at such times as the interests of the Faculty may require.

In Article VI, after Section 5, introduce the following: "Section 6." *The Committee on Programme* shall procure papers to be read at the Annual and Semi-Annual Meetings of the Faculty.

Make membership of Executive Committee 7 instead of 6, including Recording Secretary and Treasurer *ex-officio* members of this Committee.

Under *By-Laws*, Section 1, omit "13, Report of Sections, in order of appointment," in the following line omit the word "Volunteer," and in order "18, announcement of Committees, Sections, etc.," omit the word "Sections."

In amendments of April 27, 1888, by the Secretary, omit the word "Sections."

Introduce motion limiting time for reading papers (with exception of the general addresses) to 20 minutes.

LIST OF PRESIDENTS—1799-1893.

UPTON SCOTT—1799-1801.
PHILIP THOMAS—1801-15.
ENNALS MARTIN—1815-20.
ROBERT MOORE—1820-26.
ROBERT GOLDSBOROUGH—1826-36.
MAXWELL MCDOWELL—1836-41.
JOEL HOPKINS—1841-48.
RICHARD S. STEUERT—1848-51.
WILLIAM W. HANDY—1851-52.
MICHAEL S. BAER—1852-53.
JOHN L. YATES—1853-54.
JOHN FONERDEN—1854-55.
JACOB BAER—1855-56.
CHRISTOPHER C. COX—1856-57.
JOSHUA I. COHEN—1857-58.
JOEL HOPKINS—1858-59.
GEO. C. M. ROBERTS—1859-70.
JOHN R. W. DUNBAR—1870-70.
NATHAN R. SMITH—1870-72.
P. C. WILLIAMS—1872-73.
CHARLES H. OHR—1873-74.
HENRY M. WILSON—1874-75.
JOHN F. MONMONIER—1875-76.
CHRISTOPHER JOHNSTON—1876-77.
ABRAM B. ARNOLD—1877-78.
SAMUEL P. SMITH—1878-79.
SAMUEL C. CHEW—1879-80.
H. P. C. WILSON—1880-81.
FRANK DONALDSON—1881-82.
WILLIAM M. KEMP—1882-83.
RICHARD MCSHERRY—1883-84.
THOMAS S. LATIMER—1884-85.
JOHN R. QUINAN—1885-86.
GEO. W. MILTENBERGER—1886-87.
I. EDMONDSON ATKINSON—1887-88.
JOHN MORRIS—1888-89.
AARON FRIEDENWALD—1889-90.
THOMAS A. ASHBY—1890-91.
WM. H. WELCH—1891-92.
L. MCLANE TIFFANY—1892-93.
GEORGE H. ROHE—1893-94.

ACTIVE MEMBERS IN THE CITY OF BALTIMORE.

1893.

*Deceased during the year.
†Three years in arrears for dues, and will hereafter be dropped.

Andre, J. Ridgeway, 1132 E. Baltimore Street, Baltimore.
Aronsohn, Abram, 712 N. Eutaw Street, Baltimore.
Ashby, Thos. A., 1125 Madison Avenue, Baltimore.
Atkinson, I. E., 605 Cathedral Street, Baltimore.
Applegarth, Edw. Carey, 1511 W. Fayette Street, Baltimore.
Baldwin, Ed. C., 304 N. Exeter Street, Baltimore.
Barnes, Wm. M., 905 N. Stricker Street, Baltimore.
Belt, S. J., 314 N. Exeter Street, Baltimore.
Belt, Alfred M., 1010 Cathedral Street, Baltimore.
Berkley, Harry J., 1303 Park Avenue, Baltimore.
Bevan, Chas. F., 807 Cathedral Street, Baltimore.
Biedler, H. H., 119 W. Saratoga Street, Baltimore.
Billingslea, M. B., 1206 E. Preston Street, Baltimore.
Blaisdell, W. S., 285 N. Exeter Street, Baltimore.
Blake, John D., 602 S. Paca Street, Baltimore.
Blum, Joseph, 641 Columbia Avenue, Baltimore.
Bond, A. K., 889 Park Avenue, Baltimore.
Bond, S. B., 1830 Madison Avenue, Baltimore.
Booker, Wm. D., 851 Park Avenue, Baltimore.
Bosley, James, 1701 Hollins Street, Baltimore.
Bowie, Howard S., 811 N. Eutaw Street, Baltimore.
Branham, J. H., 538 N. Arlington Avenue, Baltimore.
Branham, J. W., 538 N. Arlington Avenue, Baltimore.
Bressler, F. C., 1713 Bank Street, Baltimore.
Brinton, Wilmer, S. W. Cor. Preston and Calvert Streets, Baltimore.
Browne, B. B., 1218 Madison Avenue, Baltimore.
Brown, James, 131 W. Lanvale Street, Baltimore.
Buckler, Thos. H., 6 E. Centre Street, Baltimore.
Buddenbohn, C. L., 602 S. Paca Street, Baltimore.
Bolton, John H., 1201 N. Broadway, Baltimore.
Burch, Wm. B., 509 Hanover Street, Baltimore.
Batchelor, K. B., 708 Madison Avenue, Baltimore.
Baxley, Henry M., 1531 Madison Avenue, Baltimore.
Bennett, Jas. B., Broadway and Gough Streets, Baltimore.
Bernstein, Edward J., 218 W. Franklin Street, Baltimore.

Canfield, Wm. B., 1010 N. Charles Street, Baltimore.
Cathell, D. Webster, 1308 N. Charles Street, Baltimore.
Cathell, W. T., 1308 N. Charles Street, Baltimore.
Chabbot, G. H., 1111 E. Preston Street, Baltimore.
Chambers, John W., 18 W. Franklin Street, Baltimore.
Chatard, Ferd. E., Jr., 516 Park Avenue, Baltimore.
Chew, Sam'l C.. 215 W. Lanvale Street, Baltimore.
Chisolm, J. J., 114 W. Franklin Street, Baltimore.
Chisolm, F. M., 114 W. Franklin Street, Baltimore.
Christian, J. H., 1801 Madison Avenue, Baltimore.
Chunn, W. P., 1023 Madison Avenue, Baltimore.
Clagett, Jos. E., 108 S. Eutaw Street, Baltimore.
Coffroth, H. J., 924 Madison Avenue, Baltimore.
Cooke, Theodore, 910 N. Charles Street, Baltimore.
Cooke, Theodore, Jr., 910 N. Charles Street, Baltimore.
Cordell, Eugene O., 2111 Maryland Avenue, Baltimore.
Crouch, J. Frank, 725 Greenmount Avenue, Baltimore.
Craighill, J. M., 1720 N. Charles Street, Baltimore.
Cooper, Jas., 1353 Hull Street, Baltimore.
Clewell, A. A., 1741 Harford Avenue, Baltimore.
Clarke, W. B., Quarantine Hospital, Port of Baltimore.
Carter, Melville H., 1800 W. Baltimore Street, Baltimore.
Crowe, Stephen, 1526 N. Caroline Street, Baltimore.
Dalrymple, A. J., 2006 E. Pratt Street, Baltimore.
Dashiell, N. L., Jr., 700 S. Broadway, Baltimore.
Dausch, Pierre G., 1727 E. Baltimore Street, Baltimore.
Davis, R. G., 1307 N. Caroline Street, Baltimore.
Dickson, John, 1018 Madison Avenue, Baltimore.
Dwinelle, J. E., 1701 E. Baltimore Street, Baltimore.
Davis, Pinckney L., 746 Dolphin Street, Baltimore.
Downs, C. E., 400 Park Avenue, Baltimore.
Earle, Sam'l T., 1431 Linden Avenue, Baltimore.
Eastman, Lewis M., 772 W. Lexington Street, Baltimore.
Ellis, E. Dorsey, 915 Light Street, Baltimore.
Ellis, R. H. P., 733 W. Fayette Street, Baltimore.
Eilan, Emanuel W., 1523 E. Baltimore Street, Baltimore.
Fiske, John D., 11 S. Gay Street, Baltimore.
Flemming, Geo. A., 928 Madison Avenue, Baltimore.
Finney, John T. M., 923 N. Charles Street, Baltimore.
Friedenwald, Aaron, 310 N. Eutaw Street, Baltimore.
Friedenwald, Harry, 922 Madison Avenue, Baltimore.
Friedenwald, Julius, City Hospital, Baltimore.
Funck, J. W., 101 W. North Avenue, Baltimore.
Fawcett, Robert, 550 Mosher Street, Baltimore.
Fincke, F. H., 113 W. Preston Street, Baltimore.
Fore, Jas. H., Bay View.

Frey, Louis F., 2414 Druid Hill Avenue, Baltimore.
Forsythe, Hugh, 1931 Pennsylvania Avenue, Baltimore.
Flexner, Simon, Johns Hopkins Hospital.
Frames, W. W., 115 W. Lombard Street, Baltimore.
Field, P. S., 642 N. Fulton Avenue, Baltimore.
Gardner, Frank B., 424 N. Greene Street, Baltimore.
Gardner, W. S., 410 N. Howard Street, Baltimore.
Gibbons, Jas. E., 835 Edmondson Avenue, Baltimore.
Gibbs, E. C., 440 E. North Avenue, Baltimore.
Giles, A. B., 1340 Aisquith Street, Baltimore.
Goldsmith, Robert H., 647 N. Calhoun Street, Baltimore.
Goodman, H. H., 410 Hanover Street, Baltimore.
Gorter, N. R., 1 W. Biddle Street, Baltimore.
Graham, Geo. R., 725 Columbia Avenue, Baltimore.
Grimes, J. H., 2100 Maryland Avenue, Baltimore.
Grove, B. Frank, 1321 E. Biddle Street, Baltimore.
Gwynn, H. B., 724 N. Gilmor Street, Baltimore.
Gage, A. L., 522 N. Broadway, Baltimore.
Gichner, Joseph E. ——, Baltimore.
Geer, Edwin, Park Avenue and McMechin Street, Baltimore.
Green, Wm., 1124 N. Charles Street, Baltimore.
Grempler, A. E. F., 517 Scott Street, Baltimore.
Gombel, Wm., 837 W. Fayette Street, Baltimore.
Gosweiler, A. Von Hoff, 1300 E. Baltimore Street, Baltimore.
Glocker, Theodore W., 1019 McCulloh Street, Baltimore.
Hall, Alice T., 708 N. Howard Street, Baltimore.
Hall, Reverdy M., 1019 Druid Hill Avenue, Baltimore.
Harlan, Herbert, 317 N. Charles Street, Baltimore.
Harris, John C., 773 W. Lexington Street, Baltimore.
Harryman, Harry G., 1512 E. Preston Street, Baltimore.
Hartman, George A., 1121 N. Caroline Street, Baltimore.
Hartman, Jacob H., 5 West Franklin Street, Baltimore.
Hartwell, E. M., Johns Hopkins Hospital, Baltimore.
Heldman, Joel A., 254 Pearl Street, Baltimore.
Hemmeter, John C., 633 W. Lombard Street, Baltimore.
Hilgartner, H. L., E. Baltimore Street, Baltimore.
Hill, Henry F., 1001 Edmondson Avenue, Baltimore.
Hill, Wm. N., 1438 E. Baltimore Street, Baltimore.
Hoen, Adolph G., 713 York Road, Baltimore.
Hogden, Alexander Lewis, 1235 Lafayette Avenue, Baltimore.
Hopkinson, B. Merrill, 1524 Park Avenue, Baltimore.
Howard, Wm. T., 804 Madison Avenue, Baltimore.
Hundley, J. M., 1002 Edmondson Avenue, Baltimore.
Hurd, Henry M., Johns Hopkins Hospital, Baltimore.
Halstead, Wm. S., Madison Avenue and Lanvale Street, Baltimore.
Howard, Wm. Travis, Jr., 804 Madison Avenue, Baltimore.

Howard, Wm. Lee, Calvert Street near Biddle, Baltimore.
Hadel, Albert K., 1143 Park Avenue, Baltimore.
Horn, Louis C., 697 Mulberry Street, Baltimore.
Horn, August, 697 Mulberry Street, Baltimore.
Hooper, M. L., 1327 Hanover Street, Baltimore.
Hayden, H. H., City Hospital.
Hyland, H. A., 953 N. Gay Street, Baltimore.
Hart, John B., Waverly Station, Baltimore.
Iglehart, J. D., 1215 Linden Avenue, Baltimore.
Ingle, J. L., 1067 W. Lanvale Street, Baltimore.
Irons, Ed. P., 1835 E. Baltimore Street, Baltimore.
Ireland, David C., 1420 Chase Street, Baltimore.
Jay, John G., 212 W. Franklin Street, Baltimore.
Jenkins, Felix, 400 Cathedral Street, Baltimore.
Johnson, Robert W., 101 W. Franklin Street, Baltimore.
Jones, C. Hampson, 25 W. Saratoga Street, Baltimore.
Jones, Chas. H., 1083 W. Fayette Street, Baltimore.
Jones, Edwin E., Pennsylvania and Wylie Avenues, Baltimore.
Jones, Wm. J., E. Preston Street, Baltimore.
Judkins, Eugene H., 314 N. Charles Street, Baltimore.
Jacobs, Henry Barton, 6 W. Read Street, Baltimore.
Keane, S. A., 1520 Druid Hill Avenue, Baltimore.
Kierle, N. G., 1419 W. Lexington Street, Baltimore.
Keller, Josiah G., 222 W. Monument Street, Baltimore.
Kelly, Howard A., 905 N. Charles Street, Baltimore.
Kemp, Wm. F. A., 305 N. Greene Street, Baltimore.
King, J. T., 640 N. Carrollton Avenue, Baltimore.
Knight, Louis W., 414 N. Greene Street, Baltimore.
Kremein, John D., 667 W. Lexington Street, Baltimore.
Krozer, J. J. R., 662 W. Lexington Street, Baltimore.
Kuhn, Anna L., 1435 Light Street, Baltimore.
Kemp, Henry M., 1709 E. Eager Street, Baltimore.
Latimer, Thos. S., 103 W. Monument Street, Baltimore.
Lee, Wm., 323 W. Hoffman Street, Baltimore.
Lockwood, W. F., 201 W. Madison Street, Baltimore.
Lumpkin, Thos. M., 640 W. Barre Street, Baltimore.
Lewis, Wm. Milton, 1209 Presstman Street, Baltimore.
Link, Ferdinand C., 1304 Riggs Avenue, Baltimore.
Lord, J. Williams, 825 N. Arlington Avenue, Baltimore.
Mackenzie, Ed. E., 324 W. Biddle Street, Baltimore.
Mackenzie, John N,, 205 N. Charles Street, Baltimore.
Mann, A. H., Jr., 934 Madison Avenue, Baltimore.
Mansfield, Arthur, 129 S. Broadway, Baltimore.
Mansfield, R. W., 120 S. Broadway, Baltimore,
Martinett, J. F., 1441 N. Gay Street, Baltimore.
McCormic, J. L., 1421 Eutaw Place, Baltimore.

McCormick, Thos. P., 1529 Eutaw Place, Baltimore.
McKnew, Wm. R., 1401 Linden Avenue, Baltimore.
McSherry, H. Clinton, 612 N. Howard Street, Baltimore.
Merrick, S. K., 843 N. Eutaw Street, Baltimore.
Michael, J. Edwin, 201 W. Franklin Street, Baltimore.
Miller, C. O., 836 N. Eutaw Street, Baltimore.
Miltenberger, Geo. W., 319 W. Monument Street, Baltimore.
Mittnicht, 307 N. Exeter Street, Baltimore.
Monmonier, John F., 824 N. Calvert Street, Baltimore.
Monroe, Wm. R., 1734 Bolton Street, Baltimore.
Moran, Pedro de S., 244 W. Hoffman Street, Baltimore.
Morgan, Wilbur P., 315 W. Monument Street, Baltimore.
Morison, Rob't B., 827 St. Paul Street, Baltimore.
Morris, John, 118 E. Franklin Street, Baltimore.
Mosley, W. E., 614 N. Howard Street, Baltimore.
Moyer, F. G., 4 S. Exeter Street, Baltimore.
Murdoch, Thos. F., 8 W. Read Street, Baltimore.
Murdoch, Russell, 410 Cathedral Street, Baltimore.
McShane, Jas. L., 2 S. Patterson Park Avenue, Baltimore.
Micheau, Ellis, 526 S. Sharp Street, Baltimore.
Milliman, Thos. A., 1226 N. Eden Street, Baltimore.
McDeritt, Edw. P., 208 Aisquith Street, Baltimore.
Mitchell, Chas. W., 937 Madison Avenue, Baltimore.
Martin, Frank, 859 Park Avenue, Baltimore.
McConachie, A. D., 311 N. Charles Street, Baltimore.
Meyer, C. H. A., 1019 N. Caroline Street, Baltimore.
Murphy, F. P., 2307 York Road, Baltimore.
Mitchell, Chas. H., 291 Chestnut Avenue, Hampden.
Neale, L. Ernest, 319 W. Monument Street, Baltimore.
Norris, Amanda Taylor, 871 Harlem Avenue, Baltimore.
Nolen, Chas. F., 606 N. Charles Street, Baltimore.
Norment, R. B., Hampden.
O'Donavan, Chas. Jr., 3 E. Read Street, Baltimore.
Ohle, H. C. 1203 W. Fayette Street, Baltimore.
Opie, Thos., 219 W. Monument Street, Baltimore.
Osler, Wm., Franklin and Charles Streets, Baltimore.
O'Donovan, John Henry, 3 E. Read Street, Baltimore.
Page, I. Randolph, 1206 Linden Avenue, Baltimore.
Platt, Walter B,, 802 Cathedral Street, Baltimore.
Pole, A. C., 2102 Madison Avenue, Baltimore.
Powell, Alfred H., 212 W. Madison Street, Baltimore.
Preston, Geo. J., 819 N. Charles Street, Baltimore.
Prichard, J. E., 1010 S. Chesapeake Street, Baltimore.
Pickel, John U., 1312 Ashland Avenue, Baltimore.
Pfeffer, Chas. W., 48 E. Montgomery Street, Baltimore.
Randolph, R. L., 211 W. Madison Street, Baltimore.

Rasin, Rob't C., 601 Lennox Street, Baltimore.
Reid, E. Miller, 904 N. Fremont Avenue, Baltimore.
Redding, M. Laura Ewing, 930 Madison Avenue, Baltimore.
Rehberger, John H., 1709 Aliceanna Street, Baltimore.
Reiche, P. H., 906 Gorsuch Avenue, Baltimore.
Reinhard, G. A. Ferd., 220 W. Madison Street, Baltimore.
Rennolds, Hy. T., 2004 St. Paul Street, Baltimore.
Reynolds, Geo. B., 711 N. Calvert Street, Baltimore.
Riley, Chas. H., 1113 Madison Avenue, Baltimore.
Robb, Hunter, Johns Hopkins Hospital, Baltimore.
Robinson, J. H., 726 E. Preston Street, Baltimore.
Rusk, G. Glanville, 2000 E. Baltimore Street, Baltimore.
Salzer, Henry, 613 Park Avenue, Baltimore.
Sandrock, W. Christian, Broadway and Chase Streets, Baltimore.
Sanger, Frank D., 18 W. Franklin Street, Baltimore.
Saunders, J. B., 819 E. Chase Street, Baltimore.
Sappington, Thos., 919 N. Calvert Street, Baltimore.
Seldner, Samuel W., 947 N. Caroline Street, Baltimore.
Sellman, W. A. B., 5 E. Biddle Street, Baltimore.
Shaw, W. Rutherford, 10 E. Read Street, Baltimore.
Shippen, Chas. C., 603 N. Charles Street, Baltimore.
Smith, Alan P., 24 W. Franklin Street, Baltimore.
Smith, Nathan R., Mt. Royal Avenue, Baltimore.
Smith, Jos. T., 1010 Madison Avenue, Baltimore.
Spicknall, Jos. T., N. Patterson Park Avenue, Baltimore.
Steuart, Jas. A., 1611 John Street, Baltimore.
Streett, David, 403 N. Exeter Street, Baltimore.
Swatka, J. B., 1003 N. Broadway, Baltimore.
Smith, Edw. A., Francis Street, Baltimore.
Steuart, Cacilino C., 120 W. 23d Street, Baltimore.
Shertzer, A. Trego, 101 W. Preston Street, Baltimore.
Spicer, Hiram L., 855 W. Lombard Street, Baltimore.
Shoemaker, C. R., 403 St. Paul Street, Baltimore.
Smith, Wm. F., 926 Madison Avenue, Baltimore.
Sherwood, Mary, The Arundel, Baltimore.
Sadtler, C. E., 2100 Druid Hill Avenue, Baltimore.
Scheidt, Rob't P. C., 1458 Riverside Avenue, Baltimore.
Shannon, Geo. Conkle, 1442 Presstman Street, Baltimore.
Smith, D. W., Woodberry Station, Baltimore.
Smith, J. Holmes, 525 N. Howard Street, Baltimore.
Smith, Wm. S., 422 Hanover Street, Baltimore.
Taneyhill, G. Lane, 1103 Madison Avenue, Baltimore.
Teakle, St. Geo. W., 702 Park Avenue, Baltimore.
Theobald, Samuel, 304 W. Monument Street, Baltimore.
Thomas, Geo., 921 N. Charles Street, Baltimore.
Thomas, Jas. Carey, 1228 Madison Avenue, Baltimore.

Thomas, Hy. B., 1710 Guilford Avenue, Baltimore.
Thomas, Richard H., 236 W. Lanvale Street, Baltimore.
Thompson, W. H., 526 St. Paul Street, Baltimore.
Tiffany, L. McLane, 831 Park Avenue, Baltimore.
Trimble, I. R., 114 W. Franklin Street, Baltimore.
Townsend, W. Guy, 1918 N. Charles Street, Baltimore.
Tall, Reuben, J. H., 524 S. Sharp Street, Baltimore.
Thomas, Henry M., 1228 Madison Avenue, Baltimore.
Thayer, W. S., Johns Hopkins Hospital, Baltimore.
Ulman, Solomon J., 1325 Linden Avenue, Baltimore.
Uhler, John R., 661 W. Fayette Street, Baltimore.
Van Bibber, Claude, 26 W. Franklin Street, Baltimore.
Vees, Chas. H., 1210 E. Eager Street, Baltimore.
Warfield, Mactier, 412 Cathedral Street, Baltimore.
Warfield, R. B., 214 W. Franklin Street, Baltimore.
Waters, Edmund G., 1429 McCulloh Street, Baltimore.
Wattenscheidt, Chas., 2027 Druid Hill Avenue, Baltimore.
Welch, E. Giddings, Park Avenue and Mulberry Street, Baltimore.
Welch, W. H., 935 St. Paul Street, Baltimore.
White, W. W., 1101 N. Broadway, Baltimore.
Whitridge, Wm., 829 N. Charles Street, Baltimore.
Weigand, Wm. E., Mosher Street and Argyle Avenue, Baltimore.
Williams, E. J., 1114 Chesapeake Street, Baltimore.
Williams, J. Whitridge, Cathedral and Howard Streets, Baltimore.
Williams, Philip C., Cathedral and Howard Streets, Baltimore.
Wilson, Henry M., 1008 Madison Avenue, Baltimore.
Wilson, H. P. C., 814 Park Avenue, Baltimore.
Wilson, Rob't T., 820 Park Avenue, Baltimore.
Wiltshire, James G., 714 N. Howard Street, Baltimore.
Winsey, Whitfield, 1220 E. Fayette Street, Baltimore.
Winslow, John R., 924 McCulloh Street, Baltimore.
Winslow, Randolph, 1 Mt. Royal Terrace, Baltimore.
Winternitz, L. C., 25 S. Eden Street, Baltimore.
Woods, Hiram, Jr., 816 Park Avenue, Baltimore.
Watson, A. G., 1301 N. Central Avenue, Baltimore.
Willing, J. E., 508 N. Fremont Avenue, Baltimore.
Wise, E. M., 706 N. Howard Street, Baltimore.
Wilkins, Geo. L., 226 S. Broadway, Baltimore.
Wilson, Lot Ridgeley, 1729 W. Lombard Street, Baltimore.
Worthington, Thos. Chew, 840 W. Fayette Street, Baltimore.
Whitehead, Alfred, 330 N. Charles Street, Baltimore.
Warner, A. S., 1120 Highland Avenue, Baltimore.
Wegeforth, Arthur, 805 Aisquith Street, Baltimore.
Wissler, C. H., Baltimore and Eden Streets, Baltimore.
Whiteford, James E., 819 Aisquith Street, Baltimore.
Wood, P. Bryson, Hamilton Street, Baltimore.
Zeigler, Chas. B., 920 N. Broadway, Baltimore.

COUNTY MEMBERS.

Atkinson, G. T., Crisfield, Somerset County.
Anderson, Edw., Rockville, Md.
Archer, Wm. S., Bel Air, Md.
Anderson, C. L. G., Hagerstown, Md.
Benson, B. R., Cockeysville, Baltimore County.
Birnie, C., Taneytown, Carroll County.
*Bond, Robt., Brooklyn, Anne Arundel County.
Brawner, J. B., Emmittsburg, Frederick County.
Brisco, Philip, Island Creek, Calvert County.
Bromwell, J. E., Mt. Airy, Carroll County.
Brayshaw, Thos. H., Glen Burnie, Md.
Bordley, James, Centreville, Md.
Brush, Edw. N., Sheppard Asylum, Towson, Baltimore County.
Benson, Jas. Edw., Cockeysville, Md.
Bishop, E. Tracy, Smithsburg, Md.
Campbell, Wm. H. H., Owings Mills, Baltimore County.
Carr, M. A. R. F., Cumberland, Allegany County.
Chamberlaine, J. E. M., Easton, Talbot County.
Conrad, John S., St. Denis P. O., Baltimore County.
Corse, Geo. F., Gardenville, Baltimore County.
Corse, Wm. D., Gardenville, Baltimore County.
Chapman, Pearson, Perryman's, Md.
Craigen, Wm. J., Cumberland, Md.
Dickinson, G. E., Upper Fairmount, Charles County.
Dickson, I. N., Reisterstown, Baltimore County.
DeKraft, S. Chase, Cambridge, Md.
Deets, Jas. E., Clarksburg, Md.
Dashiell, Rufus W., Princess Anne, Md.
Dorsey, Reuben N., St. Denis, Md.
Davidson, Chas. F., Queenstown, Queen Anne County, Md.
Derr, H. K., Hagerstown, Md.
Elgin, Wm. F., Bethseda, Montgomery County.
Evans, B. D., Morris Plains, N. J.
Eareckson, W. R., Elk Ridge, Md.
Ellis, Chas. E., Elkton, Md.
Etchison, Elishe C., Gaithersburg, Md.
Fort, Sam'l J., Font Hill, Ellicott City, Howard County.
Fulton, John S., Salisbury, Wicomico County.
Gleitsman, J. W., 46 E. 25th Street, New York.
Goldsborough, Brice W., Cambridge, Dorchester County.
Griffith, L. A., Upper Marlboro, Prince George's County.
Gambrill, Wm. B., Alberton, Md.
Gaver, W. E., Mt. Airy, Md.

Greenley, Thos. W., Trappe, Talbot County, Md.
Griffith, Timothy, Frostburg, Allegany County, Md.
Gundry, Richard F., Catonsville, Md.
Herman, H. S , State Line, Pa.
Hill, Chas. G., Arlington, Baltimore County.
Hines, W. F., Chestertown.
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TRANSACTIONS

—OF THE—

Medical and Chirurgical Faculty

—OF THE—

STATE OF MARYLAND,

Ninety-Sixth Annual Session

—HELD AT—

BALTIMORE, MARYLAND, APRIL, 1894,

—ALSO—

Semi-Annual Session, Held at Annapolis, Md., Nov, 1893.

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202 E. Baltimore Street,
1894.

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TO AUTHORS. Contributors to any volume of the TRANSACTIONS are requested to observe the following: 1st, Write on one side of the paper only. 2d, Write without breaks, *i. e.*, do not begin a new sentence on a new line; when you want to begin a new paragraph, begin in the middle of the line. 3rd, Draw a line along the margin of such paragraphs as should be printed in smaller type—for instance, all that is clinical history in reports of cases, or that which is quoted, &c. 4th, Words to be printed in *italics* should be underscored once; in SMALL CAPITALS twice; in LARGE CAPITALS three times. 5th, Proofs sent for revision should be returned without delay; authors who contemplate a temporary absence from their regular residence any time during the summer, should notify the Recording Secretary, thus avoiding vexatious delays in the delivery of proof. 6th, Authors whose papers have been "accepted" by the Faculty and referred to the Publication Committee—such papers thus becoming the property of the Faculty—are expected to place the original or a verbatim printable copy on desk of the Recording Secretary immediately after the reading of the same. 7th, The Publication Committee is instructed by the Faculty to publish no paper that has been read before a local medical society prior to the publication of the TRANSACTIONS of the Faculty. 8th, Alterations in manuscript should be limited to what is of essential importance, they are equivalent to resetting, and cause additional expense, such changes, if they exceed half a page of printed matter, as also all wood cuts, photographs and electrotypes, are invariably to be paid for by authors.

MEMBERSHIP. Applications for membership in the Medical and Chirurgical Faculty should be addressed to the Recording Secretary, Corresponding Secretary, Treasurer, or Chairman of the Examining Board, and should state name in full, post office address, where graduated in medicine, date of graduation, and by whom recommended. They must be accompanied by the *initiation fee* of five dollars: no membership dues are required for the first current year: a copy of the annual TRANSACTIONS is mailed gratuitously to each member. *Blank applications* for membership will be mailed to any address on application to the Recording Secretary or Treasurer.

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MINUTES.

Semi-Annual Meeting.

ANNAPOLIS, MD.
November 21st, 1893, First Day.

The Semi-Annual Meeting of the Medical and Chirurgical Faculty of Maryland was held at Annapolis, Maryland, November 21st and 22d, 1893, there being fifty-five members of the medical profession present.

The meeting was called to order at 10 A. M. by the President, Dr. George H. Rohe, Dr. William B. Canfield being Secretary *pro tem.* After prayer by the Rev. Mr. McDowell, of Annapolis, the Address of Welcome was delivered by Dr. Abram Claude, of Annapolis, in which he referred to his fifty-five years of professional life in Annapolis. The President then thanked Dr. Claude in a most fitting manner on behalf of the Faculty for his cordial Address of Welcome, and in a few words sketched out the growth of the society in the past few years and made some very important suggestions which were later acted on by the Faculty. On motion it was ordered that all doctors present who were not members of the Faculty be invited to take part in the deliberations of the Faculty. Dr. Charles P. Noble, of Philadelphia, and Dr. B. D. Evans, of Morris Plains, N. J., were present; also, His Excellency, Governor Frank Brown, was present and took part in the discussions.

Dr. W. B. Platt read a paper on "*A Case of Laminectomy: Operation eleven months after injury to the Spine.*" This was discussed by Drs. R. Winslow, G. J. Preston and Platt.

Dr. J. H. Branham read a paper on *Tumors of the Superior Maxilla.* No discussion.

Dr. R. Winslow read a paper on *Amputations.* This was discussed by Dr. J. M. T. Finney.

Dr. W. T. Cathell read a paper entitled *A Study of the Effects of Tobacco on the Throat and Nose.* This was discussed by Drs. C. Birnie, of Taneytown, W. H. Welch, A. Claude, of Annapolis, and Cathell.

2.30 P. M. Dr. G. J. Preston read a paper on *Some Facts and Suggestions Concerning the Care of the Insane in Maryland,* and Dr. Wm. Lee read a paper on *Advancements in the Care and Treatment of the Insane in Maryland during the past Eight Years,* and *Insanity in the Colored Race.* These papers were discussed by Drs. John Morris, H. M. Hurd, Wm. Lee, E. N. Brush, R. F. Gundry, S. J. Fort, G. H. Rohe, C. Birnie, Welch, Evans and Preston.

Dr. Brayshaw's paper was read. No discussion. Dr. Fort's paper, discussed by Drs. Hurd, Brush and Fort.

On motion the Faculty adjourned, to meet to-morrow, November 22nd, at 10 A. M.

WM. B. CANFIELD,
Secretary pro tem.

Second Day.

ANNAPOLIS, MD.,
November 22d, 1893, Second Day.

Business meeting. Invitation to visit Naval Academy from Medical Inspector Thomas Walton. Invitation from Medical Association of D. C. which will celebrate its Centennial in February, 1894, and invites the Faculty or its representative. Dr. T. A. Ashby appointed by the President.

Dr. Brush offered the following resolution :

Resolved, That the President be authorized to appoint a committee, of which the President shall be a member, who shall consider the care of the Insane in the State of Maryland, and take such action as shall seem to them best in presenting the subject to the Legislature and Governor, and obtaining legislative action.

Committee of Legislation for Care of the Insane consists of Drs. G. J. Preston, E. N. Brush, H. M. Hurd, John Morris, Wm. Lee, Baltimore; C. Birnie, Carroll; J. McP. Scott, Washington; W. F. Hines, Kent; J. S. Fulton, Wicomico; Jas. Bordley, Queen Anne; F. B. Smith, Frederick; E. Anderson, Montgomery; C. H. Ohr, Allegany; R. W. Dashiell, Somerset; C. M. Ellis, Cecil; W. S. Archer, Harford; F. Malone, Caroline; J. Lee McComas, Garrett; S. J. Fort, Howard; Thomas H. Brayshaw, Anne Arundel; B. W. Goldsborough, Dorchester, and G. H. Rohe.

Dr. Wm. H. Welch offered the accompanying resolution, which was seconded by Dr. T. A. Ashby. Dr. Welch said the bill was very important and had been formed with great care and with reference to the national government and states' rights. We have been requested formally by the committee of the New York Academy of Medicine to co-operate with them in this work. *Adopted*.

Resolved, That the Medical and Chirurgical Faculty of the State of Maryland, assembled in Semi-Annual Meeting at Annapolis, express hearty approval of the bill to establish a Bureau of Public Health within the Treasury Department of the United States, prepared by the National Quarantine Committee of the New York Academy of Medicine, and earnestly recommend its passage by the Congress of the United States.

Resolved, That the President of this Faculty appoint a committee of nine members, of whom the President shall be chairman, and who shall have the power at their discretion to increase their number. This committee shall use their efforts to secure the passage of this bill, and to this end shall direct the attention of the representatives of this state in Congress to the importance of this bill for the public health of this country.

Resolved, That a copy of these Resolutions be sent to each Representative in Congress of the State of Maryland.

Dr. T. A. Ashby offered the accompanying resolution regarding amendments to Medical Practice Act.

Resolved, That a committee of five with Dr. J. E. Michael as Chairman, be appointed to confer with the State Board of Medical Examiners in suggesting such modifications of the present law for the Regulation of the Practice of Medicine as said committee and said Examining Board may deem necessary.

Committee to act in conjunction with the Medical Examining Board, to secure needed modifications to the Medical Practice Law, Dr. J. E. Michael, Chairman, Baltimore, Dr. J. W. Humrichouse, Hagerstown; Dr. J. W. Chambers, Baltimore; Wilmer Brinton, Baltimore, and W. H. Welch, Baltimore.

In the discussion, Dr. Preston said in appointing the committee they should be instructed to confer with the Examining Board and not as a separate committee, and act conjointly with that Board as they know the failures of the law and the two would work better together.

Dr. Hines agreed with what Dr. Preston said as to conferring with the Board, but it would be a mistake to have the Board act; it is not the business of the Board but of the State Faculty. Dr. Preston said it was important to have the present Board explain the needs of the law; it was not giving power to act but was merely a committee of conference. Dr. Ashby said he was willing that this committee would confer with the State Examining Board. Dr. Branham did not think the Faculty could compel the Examining Board to act with the committee. This was finally carried and the accompanying committee was appointed.

Dr. Welch moved that the President appoint a representative to the centennial meeting of the Medical Association of the District of Columbia. Carried, and Dr. T. A. Ashby was appointed as above stated.

Regular order of papers was now taken up. Dr. B. B. Browne's paper was discussed by Dr. H. A. Kelly. Dr. T. A. Ashby's paper was discussed by Drs. Michael, Charles P. Noble, of Philadelphia, H. A. Kelly and Ashby. Dr. Kelly's paper was discussed by Drs. Charles P. Noble, Michael and Kelly. Dr. Hunter Robb's paper was discussed by Dr. W. S. Gardner. Dr. J. Friedenwald's paper was read but there was no discussion. Dr. Milton D. Norris's paper was discussed by Drs. Brush, B. D. Evans, of Morris Plains, N. J., R. F. Gundry, Branham, Fulton and Norris. Dr. C. Birnie's paper was discussed by Governor Brown, Drs. Rohe, Hines, Canfield, Evans and Brush. Dr. W. T. Howard's paper was discussed by Drs. J. Friedenwald and Howard. Dr. Fulton's paper was discussed by Drs. J. Friedenwald, Canfield and Fulton. Dr. E. Anderson's paper was not discussed. Dr. F. J. Dunning's paper was discussed by Drs. Canfield, J. Friedenwald and Fulton.

The following vote of thanks offered by Acting Secretary Canfield, at the request of the President, was ordered:

Resolved, That the thanks of this Faculty be tendered the Anne Arundel County Medical Society, Local Committee

of Arrangements and profession of Annapolis, the press, and especially the Baltimore Sun, for the excellent reports of the proceedings, His Excellency, Governor Brown, for the use of the Senate Chamber for the meetings, and to Medical Inspector Thomas C. Walton, U. S. Navy, and the Medical Staff at the Naval Academy for courtesies tendered.

A banquet was given at the hotel on Tuesday night at which about forty were present. Tickets $2.00 each.

On motion the Faculty adjourned.

At this meeting we had the largest attendance of any Semi-Annual Meeting and more county members were present and took part than ever before.

WM. B. CANFIELD,
Secretary pro tem.

MINUTES.

Annual Convention

HALL OF THE FACULTY,
St. Paul and Saratoga Streets,
BALTIMORE, MD., April 24th, 1894.

The Medical and Chirurgical Faculty of Maryland was called to order by the President, Dr. George H. Rohe, at noon to-day, it being the 96th Annual Session. The other officers were at their tables and a large attendance was observed.

On invitation of the President, Rev. F. X. Brady, Chancellor of Loyola College, Baltimore, opened the Convention with prayer.

Dr. P. C. Williams, the Chairman of the Examining Board for Western Shore, reported favorably on the following named candidates for membership. Said candidates to be voted on the following day.

J. W. P. Bates, J. C. Bloodgood, Charles Henry Bennum, L. E. Conradi, Joseph Clement Clarke, Peter J. Doran, Milton R. Dalter, Charles Getz, F. C. Jewett, Sylvan Likes, E. A. Munoz, Standish McCleary, Chas. W. McElfresh, James Marshall Price, Wm. J. Pillsbury, Flora Pollack, J. M. H. Rowland, Melvin Rosenthal, J. Hugh Stier, A. W. Thompson, Eugene McEvers Van Ness, Frank E. Wagner, Elijah Williams, Wm. P. E. Wyse.

Dr. Geo. H. Rohe, the President, read his address on *The Extinction of Tuberculosis.*

On motion a copy was requested for the Publication Committee.

Dr. A. Friedenwald read a paper on *Remarks on the Differentiation of Paralysis of the Eye Muscles of Central or Peripheral Origin.*

On motion the memoranda as printed on the second page of the programme was adopted by the Faculty as the rules for the present convention.

Dr. J. W. Humrichouse read a paper on *Cases showing the Relation of Various Disabilities to Abnormal Refraction of the Eyes with Comments upon their Treatment.*

The two papers were discussed by Drs. Woods, Harlan and others.

Dr. W. M. Nihiser read a *Report of a Case of Chronic Inflammation of the Middle Ear terminating iu Cerebral Abscess and Death.*

Dr. P. C. Williams and Dr. M. Rowe of the respective Examining Boards reported additional names of candidates to be voted on the following day.

On motion the Faculty adjourned to meet at 8 o'clock tonight.

G. LANE TANEYHILL, M. D.,
Recording Secretary.

HALL OF THE FACULTY,
Night Session, April 24th, 1894.

The Faculty was called to order early Tuesday evening by the President.

Minutes of day session were read by the Secretary and approved by the Faculty.

Dr. C. W. Mitchell, referee, opened the special subject of the evening, *The Treatment of Empyæmia,* by reading an edifying paper on the medical aspects of this disease. He was followed by Dr. L. McLane Tiffany as co-referee, on *The Surgical Aspects of Empyæmia.*

Dr. R. W. Johnson continued the general discussion; who was followed by Dr. Randolph Winslow.

At this juncture Dr. F. C. Bressler introduced a child who had suffered with empyæmia, and related the successful treatment of the same by himself.

Dr. J. W. Chambers occupied a short time discussing the subject, which was continued on the medical aspects by Drs. I. E. Atkinson, J. N. Mackenzie, J. M. T. Finney and S. K. Merrick.

The Faculty adjourned to meet at 12 M., Wednesday, April 25th.

G. LANE TANEYHILL,
Recording Secretary.

HALL OF THE FACULTY,
Day Session, April 25th, 1894.

The Faculty was called to order by the President; minutes of Tuesday night's session were read by the Secretary and approved by the Faculty.

The President appointed Drs. J. F. McShane and S. J. Fort as tellers, and the following candidates were elected to membership:

J. W. P. Bates, Chas. Henry Bennum, J. C. Bloodgood, Joseph Clement Clarke, L. E. Conradi, Milton R. Dalter, Peter J. Doran, Charles Getz, F. C. Jewett, Sylvan Likes, E. A. Munoz, Standish McCleary, Chas. W. McElfresh, Wm. J. Pillsbury, Flora Pollack, James Marshall Price, Melvin Rosenthal, J. M. H. Rowland, J. Hugh Stier, A. W. Thompson, Eugene McEvers Van Ness, Frank E. Wagner, Elijah Williams, Wm. P. E. Wyse.

Dr. Samuel J. Fort read his paper on *Some Clinical Aspects of Imbecility*. The paper was discussed by Dr. Geo. J. Preston.

Dr. Geo. J. Preston read his paper on *Diagnosis and Treatment of Apoplexy.* It was discussed by Dr. J. H. Branham.

On motion as requested by the author, the paper of Dr. Wm. S. Thayer, was read by title.

Dr. Jno. C. Hemmeter read his paper on *The Natural Occurrence of Fatty Degeneration of the Heart Muscle in Animals.* Also a paper on *Over-Exertion of the Heart.*

Dr. Julius Friedenwald read his paper on *Atony of the Intestines.* It was discussed by Dr. P. C. Williams.

Dr. P. C. Williams, Chairman of the Examining Board, reported the following named candidates for membership in the Faculty:

Claribel Cone, Garland Hamner Davidson, Chas. Henry Dixon, Jr., Adolph C. Eisenberg, Sheldon G. Evans, Thos. C. Gilchrist, Jas. L. Ridgely, John Roth, Pierce Butler Wilson, Jos. C. Wunder.

On motion of Dr. Brinton, who expressed doubt regarding the wisdom of electing any physician into membership of this Faculty who has not passed the *Licensing* Examining Board of the State of Maryland, especially those graduating since '92; action on the present report of the Examining Board of *this Faculty*, recommending the candidates just named, was postponed until after the report of the State Licensing Board to-night.

Dr. R. F. Randolph read his paper on *Albuminuric Retinitis in Pregnancy: its Significance and Pathological Histology.* The paper was discussed by Drs. Geo. B. Reynolds, P. C. Williams, E. J. Bernstein and others.

On motion the Faculty adjourned to meet to-night at 8 o'clock.

G. LANE TANEYHILL,
Recording Secretary.

HALL OF THE FACULTY,

Wednesday Night, April 25th, 1894.

The Faculty was called to order by the President. The minutes were read by the Secretary and approved by the Faculty.

Dr. James M. Craighill, Corresponding Secretary, made a verbal report.

Dr. G. Lane Taneyhill, the Recording Secretary, read his report, in which he referred to the distribution of diplomas as ordered by the Faculty, and that he would turn into the treasury $120.00 secured from Pharmaceutical exhibitors. It was referred for publication.

Dr. W. F. A. Kemp, Treasurer, read his report in which he gave the receipts of the past year as $1,902.27; disbursements, $2,036.57; deficit, $134.30. The report was referred to the Executive Committee to be audited.

Dr. L. McLane Tiffany, Chairman, read the report of the Executive Committee, which was referred to the Publication Committee.

Dr. B. B. Browne, Chairman, read the report of the Library Committee. It was accepted and referred for publication.

Dr. G. Lane Taneyhill, Chairman, read the report of the Publication Committee in which he reported that the Transactions of 1892 and also of 1893 had been issued during the past year.

No report was received from the Memoir Committee, nor from the Committee on Ethics.

Dr. W. T. Howard, Jr., Curator, read his report, which was ordered to be published.

Dr. Wm. F. Lockwood, the Secretary of the State Licensing Board, read the report which being amended by striking out the word "seldom," was adopted and ordered published.

Dr. T. A. Ashby, Chairman of Membership Committee, made a verbal report.

Dr. Hiram Woods, Chairman of the Committee on Preventable Blindness, read the report which was accepted and referred for publication.

Dr. S. T. Earle, Chairman of the Committee on Disinfection by Heat, made a verbal report, which was accepted and the Committee continued.

In the absence of the Chairman, the Advisory Committee on Public Health made no report.

Dr. P. C. Williams, Chairman of the Committee on Moral Reform, now termed the *Union for Public Good*, made an encouraging report which was accepted.

Dr. Geo. H. Rohe, of the Committee, made a verbal report from the Committee on the Pan-American Congress.

Dr. Geo. H. Rohe, Chairman of Committee State Care of the Insane, made a verbal encouraging report.

The Committee on the Revision of the Medical Law, on account of the absence of the Chairman, made no report.

Dr. L. McLane Tiffany, Chairman of Committee on Permanent Location, read the report. The suggestions contained therein were endorsed by the Faculty on motion of Dr. James Carey Thomas, and the Committee was continued with instructions to prosecute the objects in view and report to a special meeting of the Faculty.

Dr. Geo. H. Rohe, Chairman of the Committee on National Bureau of Public Health reported progress.

Dr. T. A. Ashby, Delegate to the 75th anniversary of the Medical Society of the District of Columbia made a verbal report.

Under Unfinished Business the following amendment offered at a previons meeting by Dr. M. B. Billingslea was adopted ; viz. :

That we create an additional Standing Committee whose duty it shall be to recommend and urge municipal, state and national legislation in the interests of the health of the people and of the medical profession.

A communication from the American Medical Association in reference to changes in the Code of Ethics, was referred to the Ethics Committee with instructions to report at this Convention. The Secretary was instructed to answer affirmatively the query from the same source regarding the existence of a State Examining Board in Maryland.

The subject of the sale of poisonous and mischievous medicines referred to by the same circular, from the American Medical Association, was referred to the newly formed Standing Committee on Legislation.

A communication from the Washington County Medical Society on expert testimony was referred to the incoming Executive Committee with power to act.

On motion of Dr. Taneyhill, the Executive Committee was allowed, in future, to report on the first day of the Annual Convention but without debate.

Under New Business, Dr. Wilmer Brinton offered the following resolution:

That no Doctor of Medicine who has graduated since June, 1892, shall be eligible for membership in this faculty, unless he has passed the examination of the Board of Examiners of the State of Maryland and is recommended for membership by a member of this organization.

The President ruled the resolution out of order as conflicting with the present article in the Constitution in reference to membership.

Drs. Tiffany, McCormack and others appealed from the chair. Upon vote the decision of the chair was sustained. At this juncture Dr. P. C. Williams gave notice that at a future meeting he would offer an amendment to Section 1, Article 4 of the Constitution.

Dr. Harry Friedenwald offered the following:

Resolved, That the Board of Examiners of the Faculty be instructed to report unfavorably upon the names of those applicants who have graduated since June, 1892, and have not been passed by the State Licensing Board.

It was discussed by Drs. Preston, Chambers and others. It was finally, on motion of Dr. H. Woods, Jr., laid on the table.

On motion of Dr. Tiffany, the following resolution was passed:

That a committee of seven representing specialties as well as general practice be appointed by the chair to revise the Fee Table of the Faculty and report within 30 days to a special meeting called by the President on notice by said committee.

Dr. P. C. Williams, Chairman of Examining Board for Western Shore, called up the partial report of said Board as made this morning, and on his motion the four names of candidates who had graduated since 1892 (the year in which the new law was enacted,) were withheld for future action.

The following named candidates were then recommended for membership:

Edwin L. Beckley, Claribel Cone, Garland H. Davidson, S. G. Evans, Thos. C. Gilchrist, James L. Ridgely, Joseph C. Wunder.

On motion of Dr. C. Hampson Jones, the following resolution was adopted:

Resolved, That the Committee on Blindness be converted into a Board for the enforcement of the law with power to add to its numbers as it deems fit, and, 2nd, That the Committee be instructed to thank the gentlemen who were instrumental in the passage of the bill.

Dr. Taneyhill moved that we publish the Transactions of 1894 in a "restricted form" as were those of '92 and '93.

On motion of Dr. Woods an amendment was accepted instructing the Publication Committee to use its discretion in regard to the amount of manuscript to be incorporated in the Transactions of '94; but at least to publish the two general addresses and all reports of officers and committees, etc.

Dr. Brinton gave notice that at a future meeting he would offer *as an amendment*, the resolution regarding admissions to this Faculty, previously presented by him this evening.

Dr. Jno. Morris read a letter from the Secretary of the American Medical Association designating a desirable route to the annual convention in California, on June 5th, 1894.

On motion it was ordered that the sum of $31.70 be refunded to the Library Committee for money advanced for shelving.

On motion the following resolution offered by Dr. T. A. Ashby was passed:

WHEREAS, The hundredth anniversary of the organization of the Medical and Chirurgical Faculty of the State of Maryland will fall on June 20th, 1899,

Resolved, That a committee of five be appointed by the chair to devise ways and means for celebrating this occasion commensurate with the honor, dignity and importance of the occasion.

The Secretary presented an invitation from the Association of Physicians and Surgeons of the City of Cumberland to hold our Semi-Annual Meeting in that city in November 1894; the Secretary was ordered to acknowledge the receipt with thanks and the communication was referred to the incoming Executive Committee.

The election of officers for 1894-5 resulted as follows:

President.—Robert W. Johnson.

Vice-Presidents.—Charles H. Jones, W. M. Nihiser.

Recording Secretary.—Joseph T. Smith.

Assistant Secretary.—Robt. T. Wilson.

Corresponding Secretary.—James M. Craighill.

Reporting Secretary.—W. Guy Townsend.

Treasurer.—W. F. A. Kemp.

Executive Committee.—L. McLane Tiffany, George H. Rohe, Wm. H. Welch, David Streett, and ex-officio, the President, Recording Secretary and Treasurer.

Examining Board of Western Shore.—S. T. Earle, G. Lane Taneyhill, Aaron Friedenwald, R. H. P. Ellis, Wm. E. Moseley, P. C. Williams, Hiram Woods, Jr.

Examining Board of Eastern Shore.—W. F. Hines, B. W. Goldsborough, Monmonier Rowe, G. E. Dickinson, James M. Bordley.

On motion of Dr. Ashby, the unanimous thanks of the Faculty were voted to Dr. G. Lane Taneyhill, the retiring Recording Secretary, for his arduous, faithful and creditable services of the past many years.

On motion the Faculty adjourned to meet at the Hall on Thursday, at 12 M.

G. LANE TANEYHILL,
Recording Secretary.

HALL OF THE FACULTY,
Thursday Morning, April 26th, 1894.

The Faculty was called to order by the President, Dr. Geo. H. Rohe. The minutes of the previous meeting were read by the Assistant Secretary, and were adopted by the Faculty.

The following candidates were elected to membership in the Faculty:

Edwin L. Beckley, Claribel Cone, Garland Hamner Davidson, Sheldon G. Evans, Thos. C. Gilchrist, Jas. L. Ridgely, Jos. C. Wunder.

The following resignations were accepted:

Dr. W. T. Councilman, Dr. C. E. Downes, Dr. Henry F. Hill.

The Examining Board of Eastern Shore through Dr. G. E. Dickinson, recommended for membership, Dr. J. M. H. Bateman, of Easton.

The Examining Board of Western Shore through its Chairman, Dr. P. C. Williams, recommended for membership, Dr. John W. Hocking, Dr. John M. B. Rogers.

The Examining Board through the Chairman, Dr. P. C. Williams, moved the following resolution, which was adopted:

That the applicants who graduated in 1894, and have not yet obtained their licenses from the State Licensing Board, have their applications returned to them by the Treasurer, with the expression of regret that they could not be received until they have obtained a license from the State Licensing Board of Medical Examiners.

Dr. Joseph T. Smith, the newly elected Recording Secretary thanked the Faculty for the honor conferred and eulogized his predecessor and his work.

On motion of Dr. D. W. Cathell, the physicians present who were not members of the Faculty, were invited to take part in the discussion of papers.

Dr. Jos. H. Branham read a paper on *Intestinal Obstruction with Report of an Interesting Case.* It was discussed by Dr. R. Winslow.

Dr. John W. Chambers read a paper on *Two Cases of Primary Resection of the Intestine for Gangrene.* It was discussed by Drs. J. C. Harris, S. T. Earle.

Dr. R. Winslow read a paper on *Gun Shot Wounds of the Intestines, Laparotomy, Recovery, with Exhibition of a Patient.*

Dr. L. McLane Tiffany read a paper on *Cases of Abdominal Gun Shot Wounds, with Exhibition of a Patient.*

Dr. W. S. Halsted read a paper on *Operative Treatment of Cancer of the Breast, with Exhibition of Patients.*

Dr. J. C. Bloodgood read a paper on *Operations for the Radical Cure of Hernia, with Exhibition of Cases cured by the Halsted Method.*

Dr. Harry Friedenwald read a paper on *Eye Symptoms of Diabetes Mellitus.*

On motion the Faculty adjourned to meet at the Hall to-night, at 8 o'clock.

ROBT. T. WILSON,
Assistant Recording Secretary.

HALL OF THE FACULTY,
April 26th, 1893. Night Session.

The Faculty met pursuant to adjournment, the President, Dr. G. H. Rohe, in the chair.

The order of the evening was immediately taken up, the President with appropriate remarks introducing Prof. James T. Whittaker, M. D., who delivered the Annual Oration on *The Predisposition to Phthisis.*

On motion of Dr. P. C. Williams the thanks of the Faculty were tendered to Professor Whittaker for his interesting and instructive paper and a copy requested for publication.

On motion the Faculty adjourned to meet at 12 M. Friday, April 27th.

ROBT. T. WILSON, M. D.,
Assistant Secretary.

HALL OF THE FACULTY,
Friday Morning, April 27th, 1894.

The Faculty was called to order by First Vice-President Dr. John D. Blake. The minutes of the sessions of yesterday (Thursday) were read by the Assistant Secretary and adopted.

The following candidates were elected to membership in Faculty:

J. M. H. Bateman, John W. Hocking, J. M. B. Rogers.

Under Unfinished Business, the Executive Committee reported that said Committee had audited and found correct the accounts of the Treasurer for the past year, whereupon the report was adopted.

Dr. I. E. Atkinson, Chairman of the Committee on Ethics, reported that the communication from the Secretary of the American Medical Association, relating to proposed changes in the Code of Ethics of the American Medical Association, had been received by him too late for him to call the whole Committee together. As a member of the Committee and speaking for himself alone, he recommended that no action be taken by the Faculty regarding the revision of the Code of Ethics, and that members of the Faculty be uninstructed as to their action upon this subject at the approaching meeting of the American Medical Association in San Francisco, June 5th.

The recommendation was adopted.

On motion of Dr. D. W. Cathell, the Secretary was instructed to communicate to the Secretary of the American Medical Associaton the action of the Faculty in regard to the resolutions contained in their letter to the Faculty.

Dr. G. E. Dickinson read a paper on *Two Obstetrical Cases*.

Dr. Hunter Robb read a paper on *Asepsis in Minor Procedures*. It was discussed by Dr. A. K. Bond.

Dr. Wm. T. Cathell requested that his paper be read by title. It was so ordered.

Dr. E. J. Bernstein read a paper on *Faulty Equilibrium of Ocular Muscles*. It was discussed by Drs. G. J. Preston and Herbert Harlan.

On motion of Dr. I. E. Atkinson, the following eminent physicians were elected to Honorary Membership in Faculty:

Dr. H. Newell Martin, of Cambridge, England, Dr. James T. Whittaker, of Cincinnati, Ohio.

The President announced the following as the members of the Standing Committees and Delegates:

STANDING COMMITTEES.

LIBRARY.—B. B. Browne, Geo. J. Preston, Wm. Osler, S. K. Merrick, C. W. Mitchell.

PUBLICATION.—The Recording Secretary, the Treasurer, J. W. Chambers, David Streett, M. B. Billingslea.

MEMOIR.—E. F. Cordell, A. J. Dalrymple, D. W. Cathell, Edward Anderson, G. E. Dickinson.

ETHICS.—P. C. Williams, T. S. Latimer, J. E. Michael, R. H. Goldsmith, C. E. Ellis.

PROGRAMME.—Wm. H. Welch, T. A. Ashby, Harry Friedenwald, I. E. Atkinson, M. A. R. F. Carr.

LEGISLATION.—S. T. Earle, W. H. Welch, J. H. Jamar, W. Frank Hines, T. W. Simmons, E. C. Etchison, A. Friedenwald, I. E. Atkinson, F. D. Sanger, T. P. McCormick, Chas. O'Donovan, Jr., C. G. W. Macgill, Jackson Piper, John B. Hart.

CURATOR.—W. T. Howard, Jr.

SPECIAL COMMITTEES.

MEMBERSHIP.—T. A. Ashby, A. Friedenwald, John S. Fulton, R. Percy Smith, A. S. Porter.

PREVENTABLE BLINDNESS.—Hiram Woods, Jr., Harry Friedenwald, James F. McShane, L. E. Neale, Wilmer Brinton.

UNION FOR PUBLIC GOOD.—P. C. Williams, A. K. Bond, W. J. Todd.

DISINFECTION BY HEAT.—Samuel T. Earle, Jno. C. Hemmeter, S. A. Keane, A. H. Powell, Robt. C. Rasin.

PERMANENT LOCATION.—L. McLane Tiffany, B. B. Browne, H. P. C. Wilson, J. J. Chisolm, Geo. W. Miltenberger, G. Lane Taneyhill, W. H. Welch, Wilmer Brinton, T. A. Ashby, A. Friedenwald, Geo. J. Preston, D. W. Cathell, Hiram Woods, Jr., Wm. Osler, Henry M. Wilson.

CENTENNIAL OF THE FACULTY.—T. A. Ashby, J. Carey Thomas, John F. Monmonier, E. F. Cordell, C. H. Ohr.

REVISION OF THE FEE TABLE.—D. W. Cathell, I. E. Atkinson, T. A. Ashby, Samuel Theobald, George J. Preston, John Neff, R. Winslow.

DELEGATES TO STATE MEDICAL SOCIETIES.

VIRGINIA.—J. J. Chisolm, T. A. Ashby, Geo. J. Preston, C. T. Bevan, R. L. Randolph, Robt. C. Rasin, Robert T. Wilson, Wm. Lee, A. L. Hodgdon, Samuel T. Earle.

NORTH CAROLINA.—Edwin Geer, J. D. Blake. J. J. Chisolm, Thos. H. Brayshaw, S. J. Fort, Julius Friedenwald, Randolph Winslow.

WEST VIRGINIA.—Thomas Opie, J. W. Chambers, H. H. Biedler, J. E. Michel, Herbert Harlan, Hiram Woods, Jr.

NATIONAL ASSOCIATION OF RAILWAY SURGEONS.—T. S. Latimer, J. Lee McComas, C. G. W. Macgill, J. W. Chambers, J. H. Jamar, J. D. Blake, J. E. Clagett, R. B. Warfield, R. W. Johnson, J. D. Iglehart, J. H. Kennedy.

NEW JERSEY.—B. D. Evans, M. D. Norris, Chas. E. Ellis, Thos. H. Brayshaw, E. M. Wise, Wm. P. Chunn.

DELAWARE.—H. M. Hurd, Chas. E. Ellis, Brice W. Goldsborough, E. R. Trippe.

PENNSYLVANIA.—John Morris, J. H. Jamar, W. W. Virdin, Wm. B. Canfield, E. J. Bernstein.

DELEGATES TO AMERICAN MEDICAL ASSOCIATION.

John Morris, J. Lee McComas, W. S. Archer, E. Tracy Bishop, George F. Corse, G. E. Dickinson, J. Chas. Macgill, J. McP. Scott, John L. Lewis, Jackson Piper, J. F. Martenet

J. H. Branham, L. M. Eastman, J. T. King, J. W. Humrichhouse, M. B. Billingslea, H. H. Biedler, G. L. Wilkins, W. S. Thayer, Robert T. Wilson, W. A. B. Sellman, A. Friedenwald, H. A. Kelly, Wm. Lee, N. L. Dashiell, Jr., D. W. Cathell, Anna L. Kuhn, E. M. Reid, L. A. Griffith, G. H. Hocking, A. C. Pole, R. B. Norment, T. M. Lumpkin, Wm. Lee Howard, A. L. Gage, M. H. Carter, H. B. Gwynn, J. C. Hemmeter, R. W. Mansfield, A. H. Powell, Hy Salzer, Mary Sherwood, H. M. Thomas, John C. Harris, Edw. M. Schaeffer, Abraham Shank, S. K. Merrick, Herbert Harlan, E. J. Bernstein.

On motion the following resolution offered by Dr. John Morris was adopted:

Resolved, That in the judgment of the Faculty only such members as consent to serve as Delegates to the American Medical Association and the different State Societies, shall in future be appointed as Representatives of this Faculty.

On motion of Dr. Wm. B. Canfield, the following resolution was adopted:

Resolved That the Secretary be instructed to procure a suitable book for registration, to be retained in the Library, for the registration of visiting physicians, specially county members.

On motion of Dr. C. Hampson Jones, the sum of $10.00 was voted as extra compensation to the janitor for services during this session.

On motion of Dr. Robert H. Goldsmith, the thanks of the Faculty were voted to the retiring officers, and upon order Vice-President Blake declared the 96th Annual Convention of the Faculty adjourned *sine die*.

ROBERT T. WILSON, M. D.,
Assistant Secretary.

REPORTS.

REPORT OF RECORDING SECRETARY.

APRIL 24TH, 1894.

MR. PRESIDENT AND MEMBERS:—Your Recording Secretary respectfully reports that the excellent programme which you are enjoying, the titles of the papers, which were classified by Dr. Welch, of the Programme Committee, was issued in time to be mailed to the members before the Faculty convened.

Several diplomas remain uncalled for in the custody of the Librarian, although notice of the completion of signatures was sent to the respective members.

Thirteen hundred and eighty copies of a commendable and effectual *Preliminary Circular* which was drafted by Dr. Welch, of the Programme Committee, were mailed to all the regular physicians of the State; this circular by its important information has been the means of bringing into the Faculty a large number of members, at this session.

Your Secretary addressed circulars to several druggists in the United States with a view of selling exhibition spaces in the large room adjoining this hall. The whole floor was sold, and your Secretary will be able to turn over to the Treasurer at least $120 as net revenue of this scheme, which, at least, becomes a means of direct communication between the druggist and the county physician.

All of which is respectfully submitted.

G. LANE TANEYHILL,
Recording Secretary.

TREASURER'S REPORT.

MR. PRESIDENT AND MEMBERS: The report your Treasurer will make at this 96th Annual Convention will be brief. He will not enter into details as has been done heretofore, but will content himself, with referring those interested, to the transactions of 1892, page 38, where is shown the matter and creation of our deficiency. A comparison of our income, and what has been paid out during the past year, ought clearly to convince the thoughtful, that this Faculty must retrench in some direction. You are again referred to the transactions of 1892, page 39, where your servant, the Treasurer, set forth the items upon which we could retrench in our expenditures. The constitutional disposition of the income we receive does not leave enough residue to meet your obligations. You will observe in the report about to follow that half this past year's income from dues and fees was given the Library Board and with what comes from sales and fines, with the special contribution of the Clinical Society makes your Treasurer report from these sources the amount of $774.67 as gone to them. You will also observe that in so doing it took an amount over our income of $134.30, you will hear that we still owe $200 on rent and with the deficit reported last year $559.52, we have the not *too* flattering figure $893.82 as our liabilities.

We report the accession of the following gentlemen by election:

Edward J. Bernstein, H. K. Derr, Thomas W. Greenley, Richard F. Gundry, Henry Barton Jacobs, H. S. Jarrett, J. Williams Scott, Chas. H. Mitchell, Milton D. Norris, Chas. S. Davidson, Theo. W. Glucker, Timothy Griffith, John B. Hart, Robt. P. C. Scheidt, George C. Shannon, D. W. Smith, W. Percy Smith, Clifford M. Stille, B. A. Turner, J. Tassey Waltemeyer, P. Bryson Wood, John H. Jamar, Ferdinand C. Link, Wm. Preston Miller, R. B. Norment, Geo. H. Riggs, Edward A. Scott, L. Gibbons Smart, J. Holmes Smith, Wm. S. Smith, W. S. Thayer, J. Percy Wade, James E. Whiteford.

By death we erase, Robert Bond, W. R. Monroe, W. J. Jones, A. C. Jones.

By non-residence, H. N. Martin.

By resignation, W. T. Councilman, C. E. Downs, H. F. Hill.

By non-payment of dues, H. S. Bowie, H. L. Hilgartner, Laura Ewing Redding, W. N. Hill, W. J. Coffroth.

RECEIPTS.

Initiation Fees	$ 175 00
Delegate Fees	2 00
Dues of Members	1,348 00
Rent of Hall	175 00
Rent of Telephone	36 00
Fines at Library	7 07
Special from Clinical Society for Library	4 20
Pharmaceutical Exhibit	155 00
Total Receipts	$1,902 27

DISBURSEMENTS.

Advertising 95th Session		$ 17 55
Janitor		70 00
Chairs at 95th Session		25 00
Gas		31 95
Library Board from Dues		763 40
" Fines at Library		7 07
" Special		4 20
Rent of Hall		400 00
" Telephone		72 00
Transactions of 1892	$ 172 38	
" 1893	152 10	
		324 48
Stamps for Mailing Transactions, 1892	$ 15 68	
" " 1893	16 00	
		31 68
E. F. Cordell for Mailing and Directing Transactions 1892-'93		20 00
Corresponding Secretary		13 32
Reporting Secretary		27 27
Semi-annual Meeting		6 50
Commissions for Collecting Dues		18 20

INCIDENTALS.

Griffin, Curley & Co., Postals, Printing envelopes, Bill Heads, &c	$ 84 10	
Committee on National Health Bureau	14 60	
Edmund K. Maidlow Clerical Work and Addressing and Stamping	6 50	
Diplomas	18 30	
Ice at Library	15 65	
Stamps for Committee on Membership, Dr. Ashby	14 00	
Copy City Directory	6 00	159 15
Treasurer's Expenses		45 00
Total Disbursements		$2,036 57

LIABILITIES.

Rent Due	$ 200 00
Amount to make Payments as Reported During Last Year.	134 30
Deficiency Reported, 1893	559 52
	$ 893 82

ASSETS.

Library and Fixtures, Estimated	$7,500 00
Building Fund	192 00
Unpaid Dues	575 00
	$8,267 00

GENTLEMEN: You have heard the report, and in closing, may I use the closing sentence of the report as given last year? "There ought to be a more intelligent understanding of our absolute expenses, of the proportion of income necessary to meet them; then would be banished from our yearly gatherings the apparent inconsiderateness of your Treasurer in his responses to the legal requirements of the Library Board."

One thought more. We ought to re-adjust our expenditures, especially as we are approaching nearer and nearer our centennial year, so that we may see the deficit decrease rapidly and be able to step out of our present state of existence into the new century with our reports clear and clean of indebtedness, our aspirations not weighed down by accumulated follies, but free in every and all respects, then we can hope to mount higher and higher in usefulness, in influence and in numbers; extend our borders and embrace all that is noble, uplifting and helpful that is possible to an ideal medical organization.

Respectfully submitted,

W. F. A. KEMP,
Treasurer.

REPORT OF THE EXECUTIVE COMMITTEE.

The Chairman has the honor to report that the Committee met at such times as the business required and transacted such business.

At the first meeting held in May, 1893, the committee was in receipt of a communication from the Library Board concerning the removal of books and shelving and occupation of shelves by them in the duplicate room of the main hall. The Historical Society was communicated with and matters adjusted.

The resignation of Dr. E. F. Cordell as Chairman of Memoir Committee was presented. But the committee recognizing the eminent fitness of Dr. Cordell for so important a position, deemed it best not to accept the resignation.

The necessary arrangements were made for holding a Semi-annual Convention at Annapolis, as is already known, and Dr. Ashby appointed Chairman of Committee of Arrangements.

During the cold weather of the winter the Library room and small room adjacent were uncomfortably cold owing to inattention on the part of the janitor employed by the Historical Society. Dr. Taneyhill, to whom the matter was referred, has seen that heat was properly supplied.

It was deemed inexpedient to employ a stenographer to report the verbal addresses and discussions of each future session of the Faculty as proposed by a resolution presented to the Faculty April 26th, 1893, and referred to this committee.

It was brought to the attention of the committee that the money due the Library Board from the Treasurer had not been paid according to the provision of the constitution, and

the Treasurer was communicated with on that subject and requested to submit a statement of receipts and expenditures. The request was complied with.

A communication from Washington County Medical Society was received, replied to, and herewith referred to the Faculty.

The committee is pleased to be able to announce that Dr. James T. Whittaker, of Cincinnati will deliver the Annual Address Thursday evening, April 26th, at 8 o'clock.

The appointment of a Program Committee has greatly lessened the labors of the Executive Committee—hence few matters have been under consideration necessarily during the year.

LOUIS MCLANE TIFFANY,
GEORGE H. ROHE,
WILLIAM H. WELCH,
G. LANE TANEYHILL,
T. A. ASHBY,
W. F. A. KEMP,
HIRAM WOODS, JR.

ROBT. T. WILSON, M. D.,
Secretary of Executive Committee.

REPORT OF THE LIBRARY COMMITTEE.

MR. PRESIDENT AND GENTLEMEN OF THE FACULTY: The Library Committee has the honor to report that soon after its appointment it organized and elected Dr. George J. Preston, Secretary.

Dr. C. Hampson Jones was re-elected Librarian and Registrar and Mr. Isaac Jones was re-elected as Assistant.

In the early part of the year it became necessary to remove our duplicate volumes from the room in which they were

stored, shelving was put up in the gallery of the room adjoining the main hall, and all the duplicates and many of the pamphlets were placed upon these shelves and appropriately labeled.

Resolved, In making this removal an expense of $31.70 was incurred for shelving, lumber and carpenter's work; this was paid out of the funds of the Library Committee. A resolution will be offered under miscellaneous business authorizing the Treasurer to pay back this amount to the Library Committee.

Being cramped for room in the main hall the Maryland Historical Society was requested to remove its books, that still remained on our shelves.

Dr. Jones then commenced to rearrange the books and to classify them according to subjects. As the work progressed printed cards were obtained to mark the most prominent divisions of the medical works. It affords the committee great pleasure to be able to show to the members of the Faculty the improved condition and greater usefulness of the library, produced by many months of tedious labor devoted to it by the Librarian.

The committee again wishes to call the attention of the Faculty to the uncomfortable condition of the rooms, during the cold weather, the thermometer frequently remaining for days at 58 to 60 degrees; the heat not being sufficient to keep dry, the north wall of the room, many of our books are becoming injured by dampness and mould. As the importance of removing our Library to another location will be the subject of a special report from another committee we will not take up your time any further by dwelling on this matter.

During the current year there have been 249 books taken out by members and many orders on the Library at Washington have been filled.

The Library has received regularly foreign and domestic journals and society transactions as follows:

Weeklies, 15; monthlies, 17; quarterlies, 6; half-yearlies, 1; yearlies, 5; irregular 6. Total, 50. On its exchange list it has received 28 journals; also health reports, hospital reports and miscellaneous, 90; United States publications, 5; foreign university theses, 280; State Medical Society transactions, 29; National societies, 7.

Twenty-six new books have been placed in the Library, among them are the new edition of Quain's Anatomy and Foster's Medical Dictionary in four large volumes.

Ninety volumes have been donated by Dr. Wm. S. McDowell, and twenty volumes by Dr. Charles H. Cockey.

One hundred and eighty-five volumes have been bound during the year.

The funds received by the committee have been:

From Dr. W. F. A. Kemp, Treasurer	$763 40
" Dr. W. F. A. Kemp, fines and dues at the Library	7 07
" Nurses Directory	83 05
" Balance from last Committee	1 80
" Clinical Society for binding Index Medicus	4 20
	$859 52

DISBURSEMENTS.

Salary for Librarian and Assistant	$300 00
Carpenters Work and Shelving	31 65
New Books	74 40
Journal Subscription	240 91
Binding Journals and Books	124 03
Printing, Stationary and Library Expenses	34 08
	$805 07
Balance	54 45

Balance	$54 45
Due from Treasurer	31 65
Total balance	$86 10

The receipts from the Nurses Directory have been less this year than last; the gross amount being $167, expenses, $83.95. Amount paid over to the Library Committee, $83.05; being $37.83 less than last year.

If the members of the Faculty would adopt the practice of procuring all their nurses through the Directory the receipts would largely increase.

All of which is respectfully submitted,

BENNET BERNARD BROWNE, M. D., *Chairman*,
ROBERT W. JOHNSON,
GEORGE J. PRESTON,
WM. OSLER,
A. K. BOND.

REPORT OF PUBLICATION COMMITTEE.

APRIL 24TH, 1894.

MR. PRESIDENT AND MEMBERS:—Your Committee on Publication issued during the latter part of 1893, the restricted volume of the Transactions for 1892; which, was in a month followed by the volume for 1893; these contained only the general addresses and the minutes, and officers and committee reports of the respective years. A large number of the transactions of 1892 and also those of 1893 remain in the custody of the Librarian unclaimed by members, those who have not received their volume can be served by the Librarian or his assistant, during this convention; when that officer is convinced that those certain members are entitled to their respective copies, a careful record being kept of the distribution.

Seven hundred copies for each year were printed, many of which were mailed to the libraries and medical journals and State societies in this and other countries, and a copy for each year was mailed to each member residing in the counties.

Commendatory notices of the general addresses were made by several medical journals on receiving their copies,

but much regret expressed on account of the absence of the meritorious papers read at the Annual and Semi-annual Conventions.

It is hoped, as mentioned in the "memoranda" of the programme of the convention, that members will transmit to the Recording Secretary type-written or printed copies of their papers for deposit and reference, in the Library of the Faculty if the society should deem it advisable to continue the restricting order concerning the publication of the special papers read at the meetings.

All of which is respectfully submitted,

G. LANE TANEYHILL, M. D., *Chairman*,
WM. F. A. KEMP, M. D.,
RANDOLPH WINSLOW, M. D.,
JOSEPH T. SMITH, M. D.,
HENRY J. BERKLEY, M. D.

REPORT OF THE CURATOR.

BALTIMORE, April 25th, 1894.

TO THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND: As Curator of the Faculty I have to report that no specimens or preparations of any kind have been presented during the past year.

On account of the want of space in the present building and lack of funds, it has not been deemed advisable to attempt to start a museum.

I would strongly urge that when the quarters of the Faculty permit, the proper authority and means be given for the collection of specimens, preparations and plates of various kinds, relating to medicine and the allied sciences.

The management of the Library and the care of the building being in the hands of committees, have not been under my charge.

Respectfully submitted,

W. T. HOWARD, JR.

OFFICE OF THE SECRETARY,
BALTIMORE, April 23rd, 1894.

THE PRESIDENT AND MEMBERS OF THE MEDICAL AND CHIRURGICAL FACULTY: In compliance with Sec. 52 of the Act of 1892, passed by the General Assembly of Maryland and relating to "Practitioners of Medicine," we have the honor to submit to you the accompanying report for the period extending from the organization of the Board of Medical Examiners, June 2d, 1892, to April 23d, 1894.

Respectfully,

JAMES BORDLEY, *President*,
J. MCPHERSON SCOTT (signed),
W. W. WILEY,
J. LOWRIE INGLE,
WM. F. LOCKWOOD, *Secretary*.

REPORT OF THE BOARD OF MEDICAL EXAMINERS.

The Board met and organized on the first Tuesday in June, 1892, as required by the terms of the Medical Act. A President, Secretary and Executive Committee were appointed, and the different subjects were chosen upon which the members should submit questions for written examinations.

A second meeting was held September 22d, 1892, at the rooms of the Medical and Chirurgical Faculty. By-laws were adopted and arrangements were made for holding the first examination early in October of that year. Due notice of this examination was published in the Baltimore Sun, but there were no applicants for license who, up to the time appointed, had complied with the provisions of the law.

In 1893 two meetings of the Board were held for examinations, the regular semi-annual examination in April and another in June. The latter was intended to accommodate

applicants who had graduated after the April meeting, as well as those who had neglected to come forward at that time.

At the April meeting there were thirty-nine applicants of whom thirty-six received licenses. At the second or extra examination, of fifteen applicants nine were successful.

These examinations were arranged with a view to testing the reasonable fitness of recent graduates in medicine to begin the practice of their profession. It is apparent from the result of the first examination that the members of the Board adopted a most liberal standard in estimating the answers given to their respective questions.

The percentage of failures at the second examination seems disproportionately high (40 per cent.), but it is safe to say that no injustice was done those rejected.

Appended to this report are complete sets of questions for both examinations, also a table, showing the mark of each applicant in the different subjects.

At the time of writing this report fifty applicants have paid their fees and have fulfilled all other requirements preparatory to standing their examinations for licenses on May 3d, 4th and 5th.

Eight candidates have been declared ineligible for the reason that they had not studied medicine for three years, nor attended three courses of medical lectures.

In June, 1893, Mr. Archibald H. Taylor, member of the House of Delegates at the last session of the General Assembly, was retained as the legal counsel of the Board of Examiners. His advice has been availed of in all matters involving the construction of doubtful clauses in the medical law of 1892.

The Maryland laws of 1894, contain an act amending the law of 1892, and providing for a general official registration of all physicians practising in the State. Before its introduction in the House of Delegates this act had been approved

by committees representing the Medical and Chirurgical Faculty, the Examining Board, and the State Homœopathic Society. Section 54 of this act provides that "every person who was practicing medicine in the State of Maryland on or before the first day of June, 1892, shall be entitled to be registered as a physician or surgeon, or both, upon application to the Clerk of the Circuit Court of the county in which he or she may reside, or to the Clerk of the Circuit Court of Baltimore City, if the applicant shall reside in Baltimore City, and such application shall be in writing, signed by the applicant, who shall state, under oath that he or she was, in fact, a practitioner of medicine or surgery in the State of Maryland, on or before the first day of June, 1892, and thereupon it shall be the duty of said clerk to register such application, and the name of such applicant as physician or surgeon or both in a book to be kept for such purpose, and a certified copy of such registration, under the seal of the court, shall be legal evidence of such registration in all the courts of this State."

This Act was approved April 6th, 1894. Until it became a law there were no means of determining approximately even the number of persons who have located in Maryland since April 2d, 1892, and who have been practicing medicine illegally.

There is no denying the fact that the medical law of 1892 has been practically ignored by a numerous class of practitioners whom its provisions were intended to reach. This has been due mainly to the vagueness of the law itself, and in part also to the readiness with which persons have claimed exemption from its provisions by alleging that they had been already practicing medicine at the time of the passage of the law. The flimsiest pretexts have often been availed of to substantiate such claims. In many instances no pretense has been made that the candidates for practice had attended a course of medical lectures, or had received any training at the hands of a preceptor.

In many other instances students have left their colleges after one or two courses of lectures, or as seldom happens have been unsuccessful in obtaining their degrees and have entered upon the practice of medicine. The title of M. D. is commonly appended to the signatures of those persons who have communicated with the Board by letter and stated that they never were graduated from any medical school.

At the meeting of the Board held June 22d, 1893, Dr. Samuel T. Earle, who had been elected its first president, resigned his membership to accept the chair of physiology in the Baltimore Medical College, which, under the law, constituted a disability to his continuing on the Board. Dr. James Bordley was thereupon elected President, and some weeks later Dr. J. L. Ingle, of Baltimore, consented to fill the vacancy in the Board caused by Dr. Earle's resignation.

REPORT OF THE COMMITTEE ON THE PREVENTION OF BLINDNESS.

MR. PRESIDENT AND GENTLEMEN: Pursuant to its report a year ago the Committee on Prevention of Blindness took steps last January to present a bill to the Legislature. Mr. Richard K. Cross of the Baltimore bar kindly drafted the bill embodying the views of the committee. It was then introduced in the Senate by the Hon. L. C. Carrico, M. D., of Charles County. The Senate passed it without delay. When it reached the house it met vigorous opposition from some of the county and one of the Baltimore City delegates, the main objection being the assumption that blindness is rarely and ophthalmia neonatorum never seen in the counties. The bill was sent back to the Hygiene Committee before which our committee appeared in company with Drs. Claude and Brayshaw, of Anne Arundel county. We were ably seconded by Drs. Paul Jones, of Snow Hill; W. F.

Hines, of Chestertown, and J. W. Humrichouse, of Hagerstown, who wrote to the delegates from their county. From personal examination by the Chairman of the committee it was found that twenty-five per cent. of the children of the Maryland School for the Blind were from the counties and that certainly fourteen and a half per cent. of these children and probably a larger number were blind from infantile ophthalmia. These facts and other arguments were presented to the Hygiene Committee. The bill was again favorably reported to the House. Its final passage is due in a great part to the untiring efforts of Messrs. Baer, Carter and Taylor of the city delegation; Mr. Scott, of Washington county, and Dr. Phelps, of Dorchester county, Chairman of the Hygiene Committee. To each of the gentlemen mentioned, especially to Dr. Carrico and Mr. Baer, the committee and Faculty are under great obligation. As finally passed and signed by Gov. Brown, the law is as follows:

CHAPTER 511.

An Act to Prevent Blindness in Infants.

SECTION 1. Be it enacted by the General Assembly of Maryland. That if at any time within two weeks after the birth of any infant, one or both of its eyes, or eyelids, are reddened, inflamed, swollen or discharging pus, the midwife, nurse or person other than a legally qualified physician, in charge of such infant, shall refrain from the application of any remedy for the same, and shall immediately report such condition to the Health Commissioner, or to some legally qualified physician in the city, county or town wherein the infant is cared for.

SEC. 2. And be it enacted, that any person or persons violating the provisions of this Act, shall, on conviction, be punished by a fine not to exceed one hundred dollars, or by imprisonment in jail not to exceed six months, or by both fine and imprisonment.

SEC. 3. And be it enacted, that this Act shall take effect from the date of its passage.

Approved April 6, 1894.

FRANK BROWN, *Governor.*
JOHN WALTER SMITH,
President of the Senate.
JAMES H. PRESTON,
Speaker of the House of Delegates

We hereby certify that the aforegoing is a correct copy of an act of the General Assembly of Maryland, passed January Session, 1894.

J. ROGER MCSHERRY,
Secretary of the Senate.
B. L. SMITH,
Chief Clerk of the House of Delegates.

Maryland is the fifth State to enact such a law, New York was the first, followed in order by Rhode Island and Maine. Ohio and Maryland fell in line this year. It is the opinion of the committee that the law should be used as a means of teaching midwives that they must get these cases into a physician's hands early. Through the Health Office the midwives of Baltimore can be notified of the existence of the law and instructed concerning it. Its enforcement throughout the State can be obtained through the co-operation of the medical profession. The committee earnestly asks the aid of the city and county members of the Faculty in tracing neglected cases to the responsible party.

In conclusion we suggest:

First. That the committee be changed into a Board for the enforcement of the law, with power to add to its number as may be deemed proper.

Secondly. That the Faculty instruct the retiring committee to thank in the name of the Medical and Chirurgical

Faculty of Maryland the gentlemen mentioned in this report, through whose efforts the bill was passed by the recent Legislature.

Respectfully submitted,

HIRAM WOODS, JR., *Chairman*,
GEORGE H. ROHE,
HARRY FRIEDENWALD,
J. EDWIN MICHAEL,
Committee.

REPORT OF THE COMMITTEE ON PERMANENT LOCATION.

The Committee on Permanent Location appointed at the last meeting of the Faculty has the honor to report through its Chairman:

The committee has met several times during the year to take into consideration the matter referred to it by the Faculty. The subject was thoroughly discussed from all points and the following facts are accepted:

1st. That it would be a benefit to the Faculty to locate elsewhere than in its present home, where access would be more easy to the library, directory for nurses, etc.

2d. That it would be inexpedient for the Faculty to purchase real estate in the present condition of its finances. The difficulty of obtaining a suitable house as a permanent home for, in consequence of the limited finances of, the Faculty, is an objection which up to this time has not been overcome. The rooms occupied at present are not suitable. They have been cold during the winter season of the past year and unable to be occupied by members of the Faculty on that account, the temperature has frequently been as low as 58 degrees F.

The books stored in cases against the north wall of the main Faculty room are damp and suffer damage. Our water-closet arrangements in the present hall are inefficient and unfit for use. It was deemed advisable by the committee that a home should be obtained for the Library—rooms in which the books and periodicals could be placed and which would be sufficiently large to serve as reading rooms and also as meeting rooms for the local societies. A hall sufficiently large for the annual meeting would be expensive, entailing more expense than the Faculty can afford, and so the committee is of the opinion that a large hall for the annual meeting can be obtained without difficulty and without expense, several of the medical colleges in town having offered halls for such use; the Faculty could meet in the buildings of different medical schools in annual session until such time as the Faculty is able to own its own building. This latter suggestion, that the Faculty own its own building, is not so irrational as might appear at first sight. The following resolution was passed unanimously:

Resolved, That it is expedient for the Faculty to obtain quarters elsewhere than at present located, for the library and directory for nurses and for the use of the local societies, and to serve as reading room; that the annual meeting of the Faculty be held in the hall of one of the medical colleges, which have been offered free of charge; the rental to be paid for the library rooms not greatly, if at all, to exceed the present rental paid by the Faculty.

The location of such rooms will be the duty of the Committee on Permanent Location which shall serve during the coming year, and it is the opinion of this committee that the matter should not lie idle, but should be pushed, and that it can be brought to a proper conclusion. Of course the committee must report to the Faculty when a matured plan is ready for presentation.

L. McL. Tiffany, *Chairman*,
B. Bernard Browne,
George J. Preston,
Robert W. Johnson.

PRESIDENT'S ADDRESS.

THE EXTINCTION OF TUBERCULOSIS.

By George H. Rohé, M. D.

President of the Medical and Chirurgical Faculty of Maryland, of the American Association of Obstetricians and Gynecologists, Professor of Therapeutics, Hygiene and Mental Diseases in the College of Physicians and Surgeons, of Baltimore. Superintendent of the Maryland Hospital for the Insane, Catonsville, Md.

This Ninety-sixth Annual Convention of this Faculty should be to us an occasion of congratulation. During the past year our losses in membership have been few, and our gains not inconsiderable.

The Semi-annual Meeting held in Annapolis last November was very successful, in point of attendance as well as in the character of the work accomplished.

In an address at the opening of that meeting, I said: "A legitimate object of organization is to use it as a power to secure legislation. Not legislation for our benefit as physicians, but legislation for the public good. The medical profession wants nothing for itself from the Legislature. The legislation in which the profession is interested is such as will be for the benefit of the whole people. Public health laws, medical registration laws, lunacy laws were all intended for the good of the public, although always originated and their enactment promoted by the efforts of physicians."

It gives me especial gratification to call your attention to some recent results of such organization in this State. During the last session of the General Assembly three measures were considered in which the medical profession was interested, and which had their origin in committees appointed by this Faculty. These measures were: the Amendment of

the Medical Practice Act, the bill for an Additional Hospital for the Insane, and the Act for the Prevention of Blindness in Infants. Each of them passed in essentially the shape in which it was recommended by the Faculty through its appropriate committees. Having watched the progress of these measures through the legislature, I believe I may say that not one of them would have passed in satisfactory form if the members of the Legislature had not been impressed by the fact that the organized profession of the State, as represented in this Faculty, endorsed and supported them. In this connection I may be permitted to mention a circumstance which, I think, justifies this statement. When the bill for the prevention of blindness was put upon its passage in the House of Delegates there was a good deal of opposition to some of its provisions. The bill was eloquently and intelligently defended by the Baltimore City delegation and the Committee on Hygiene, but the opposition was so determined that for a time its success was problematical. It was not uninteresting to note that the only effective opposition came from those counties which are still unrepresented in this Faculty.

There is additional reason for congratulation in the fact that all the labor of getting a law passed through the legislation was not rendered nugatory by unfavorable executive action as has happened to the profession of this State heretofore. Having at present in the Executive Chair a Governor "noted for his common sense" as was happily said by Dr. Preston in the discussion on the Care of the Insane at Annapolis, all our bills have been approved and are now laws.

These successes should only render more forcible the appeal of the Committee on Membership for a larger representation of the profession of the State in the Faculty. There is room in this organization for every honorable regular practitioner in Maryland.

I will now invite your attention to some considerations showing the possibility of

The Extinction of Tuberculosis.

For over two thousand years a portion of the medical profession has believed in the contagiousness of consumption. A not inconsiderable proportion of the laity has likewise leaned to this view. So strong was this belief at one time that toward the close of the eighteenth century a law was promulgated in the kingdom of Naples, making very stringent regulations looking to the registration of consumptives, the segregation of the sick in hospitals and the destruction of infected articles. It seems that at the beginning of the present century the prevalence of consumption in Southern Italy was so great that the expression "see Naples and die" could almost be taken in its literal sense.

About thirty years ago Villemin demonstrated the communicability of tuberculosis by a series of experimental inoculations upon animals. The results obtained by this investigator were soon confirmed by Chauveau and others. It was, however, not until the epoch-making discovery of the tubercle bacillus by Robert Koch in 1882, that the value of the researches of the two distinguished French experimenters was generally recognized. Since that time the view that tuberculosis is an infectious and communicable disease has gradually pervaded the profession until to-day there are probably few physicians, laying claim to common sense and current knowledge, who would attempt to controvert it.

Coincidently with the general acceptance of the infectious nature of tuberculosis have come experiments to more definitely indicate the common methods of infection, and endeavors to restrict the disease within narrower limits. That this is a laudable striving must be conceded when we reflect that the annual mortality from tuberculosis in its various forms in the United States is 163,500, or nearly 450 per day; and that in this city the deaths from consumption of the lungs alone reach nearly twelve hundred per year, a ratio of 13.69 per cent. to the total mortality. If the deaths from tuberculosis in its various forms were included, the ratio would mount to over 14 per cent. or 1 in 7, which is the

ratio throughout the world, as stated by Koch in his memorable paper announcing the discovery of the Bacillus Tuberculosis.

In accepting the infectious nature of this disease, we must not overlook the influence of the receptive condition of the individual in determining the time or place of infection. While the value of hereditary predisposition in determining phthisis is often over-estimated, we cannot ignore it altogether; neither may we undervalue the effect of an acute or chronic inflammation, a traumatism, or other weakening factor in rendering the tissues less resistent, or more receptive to the infective agent. These and many other conditions governing the infection of the individual must be recognized and accorded their full worth. The essential fact remains however that without the inoculation of the bacillus tuberculosis we cannot have consumption, or any form of tubercular disease; and if by any means we can exclude this infective agent from the body the individual is safe from the disease.

. There are two principal channels of infection in tuberculosis; one is by the digestive tract and the other, far the more important, by the respiratory organs.

Children are especially liable to infection by way of the digestive organs. An infant nursed by a consumptive mother, or one fed on milk from tuberculous cows may become tuberculous if the food contains the infective agent. It has been shown that the milk may contain tubercle bacilli, even though there is no recognizable local tubercular disease of the lacteal glands. It is highly probable that the frequency of tuberculosis of the intestinal canal, the peritoneum, the mesenteric glands and other abdominal organs in the young, is in most cases attributable to direct infection by tuberculous milk. In the adult this avenue of infection is likewise open. Meat from tuberculous animals, or other articles of food accidentally contaminated by the tubercle bacillus may be the medium of communication. Secondary infection, from swallowing the bacillus-laden sputum from the lungs is also not infrequent.

I need hardly say, however, that in the great majority of cases of tuberculosis the infection takes place by way of the respiratory organs, which also become the principal and generally the only seat of the disease.

It is held by some, and I am inclined to consider the belief well founded, that the tubercle bacillus cannot effect a lodgment in the tissues and begin its destructive action, unless these are weakened in their resistive power by an inherited defective organization or by acquired conditions of lowered vitality. It is a result of clinical observation that a catarrhal pneumonia, for example, is often a forerunner of pulmonary consumption. It is assumed, with good reason, that the anatomical elements of the lining membranes of the inflamed air-cells and finer bronchial tubes succumb to the attacks of the invading germ, carried in the inspired air, while in a state of health the tissues could resist the destroying organism. This simply emphasizes the importance of avoiding any factors tending to depress the vital condition of the organism or any of its parts.

The tubercle bacillus does not multiply under ordinary conditions outside of the body, and the fully developed organism when removed from the conditions favoring its growth in the body soon loses its vitality. But the spores of the bacillus, or the germs of the germ, as one may say, are extremely resistant and retain their power of growth and development for a considerable period. The dried spores are thus always potential sources of mischief if accidentally taken into the system by inhalation or swallowing. They may also be inoculated in wounds or traumatisms, but this mode of infection is comparatively rare, and may be left out of account in the present discussion.

Careful investigations by Baer and Cornet have shown that the death rate from consumption is four times as great in German prisons as among the free population of the same age. In convents, asylums, and similar institutions, tubercular diseases are also extremely prevalent. In the Maryland Hospital for the Insane over thirty per cent. of the

deaths are due to tuberculosis. I am confident that within the last two years, at least three patients contracted the disease by infection in the wards. Efforts have been made recently to minimize this danger.

Dr. Lawrence F. Flick has shown by a patient and laborious study of the causes of death in the fifth ward in the City of Philadelphia that certain houses in that ward are infected. He found that for a period of twenty-five years, from 1863 to 1887, all the deaths from tuberculosis in the ward occurred in less than one-third of the houses, while in 1888 over one-half of the tubercular deaths occurred in these same houses, demonstrating beyond a doubt that these houses were infected.

I can hardly think it necessary to adduce proof that the tubercle bacillus is in all cases of tuberculosis the active agent of the infection. Recent investigations, especially those of Cornet, have shown the manner in which infection occurs. The breath of consumptives contains no bacilli and is not infective. Even when the lungs are full of broken down tissue swarming with bacilli, the latter are only in the rarest instances, if at all, exhaled in the breath. Of course, during a fit of coughing, small particles of pus and secretion containing bacilli may be carried along in the forcible expulsion of air from the lungs, but even this is probably rare. Ordinarily the air of rooms or of hospital wards occupied by consumptives is free from bacilli and may be breathed with impunity. It is only when the dust of the room, containing dried and pulverized sputa, is disturbed by sweeping, or shaking up the bed-clothing, or in other ways that danger of infection occurs. Scrapings from the walls of rooms occupied by consumptives, inoculated into animals produced tuberculosis in twenty per cent. of the latter. Control experiments showed that dust from the walls of houses, hospital wards and public buildings not inhabited by tuberculous patients was not infective. Cornet showed also that the dust from the walls was in no case infectious when sputum cups were used to receive all expectorated matter, although

such expectoration was full of bacilli. Praussnitz has demonstrated the presence of tubercle bacilli in the scrapings from the interior of railway carriages on one of the German railway lines carrying many consumptive passengers. Thus is experimentally demonstrated a danger to which attention had previously been forcibly drawn by Whittaker, Gihon and others.

It is generally agreed among physicians that if the stools from a case of typhoid fever are disinfected before being thrown out where they may contaminate the drinking water supply, there is little if any danger from further infection. The alvine excreta being recognized as containing the infective agent, the destruction of the latter renders the material innocuous. In like manner it may be accepted as demonstrated by recent researches that if the sputa of a case of consumption be disinfected as soon as expectorated the consumptive patient is no longer a source of danger to his neighbor.

From the foregoing it becomes evident that the principal measures of prophylaxis against tuberculosis must be such as comprise; first, immediate destruction of the bacillus tuberculosis in the sputa, or in other excretions when the case is not a pulmonary one; second, the disinfection of clothing and bedding, or other furniture liable to be contaminated with the infective material. As accessory measures must be considered, notification to the health authorities of all cases of consumption, public disinfection of infected houses and conveyances (ships, railway cars) and the establishment of special hospitals for the free treatment of indigent consumptives.

The first example of an attempt at a thorough-going restriction of tuberculosis is the decree of the King of Naples in 1782, before referred to. According to De Renzi, quoted by Flick, this decree contained the following propositions:

"1. The physician shall report the consumptive patient, when ulceration of the lungs has been established, under

penalty for the first offense of 300 ducats, and upon repetition, of banishment for ten years.

"2. An inventory shall be made by the authorities of the clothing in the patient's room, to be identified after his death and if any opposition shall be made the person doing so, if he belongs to the lower class, shall have three years in the galleys or in prison; if to the nobility, three years in the castle and a penalty of 300 ducats.

"3. Household goods which are not susceptible shall be immediately cleansed and those that are susceptible shall at once be burned or destroyed.

"4. The authorities themselves shall tear out and replaster the house, alter it from cellar to garret, carry away and burn the doors and wooden windows and put in new ones.

"5. The sick poor shall at once be removed to a hospital.

"6. Newly built houses cannot be inhabited before one year from their completion, and six months after plastering has been finished and repairing has been done.

"7. Superintendents of hospitals must keep in separate places clothing and bedding for the use of consumptives. Other severe penalties are threatened to those who buy or sell objects which had been used by consumptives, to servants, members of the family, and to any transgressor whomsoever."

The discovery of the bacillus tuberculosis and its mode of propagation and transmission would almost seem to justify these harsh regulations. Indeed their enforcement appears to have produced a marked reduction in tuberculous diseases. Dr. Flick, who has made a very thorough study of this question, estimates that in 1782, the mortality from tuberculous diseases in the kingdom of Naples was ten per thousand of population. In 1887 the official statistics for the Italian States formerly comprised under the Neapolitan kingdom showed that the death rate from all forms of tuberculosis was only 2.05 per thousand living people.

The efficient carrying out of restrictive measures against consumption requires intelligent co-operation on the part of the public. Hence the education of the laity upon the infectious nature of tuberculosis and the importance of individual measures of prophylaxis must precede any successful enforcement of legal enactments looking toward the restriction of the disease. There can be no doubt that the public press can give most effective aid in spreading such knowledge. The newspapers are always foremost in the dissemination of useful information. The press is the most powerful auxiliary of the sanitarian. The press makes public opinion. Public opinion makes laws, and until laws have the sanction of public opinion it is futile to look for their successful enforcement.

Popular societies, like the French "Ligue preventive contre la phthisie pulmonaire," and the "Pennsylvania Society for the Prevention of Tuberculosis" are also useful and effective agencies in educating the people upon this subject. The organization of similar societies should be encouraged elsewhere.

Our current knowledge of tuberculosis and its means of prevention was effectively summed up in a report made to the New York City Health Department in the early part of 1889, by Drs. T. M. Prudden, H. M. Biggs and H. P. Loomis, the pathologists of the department, and extensively published. In 1890, the Prussian government issued a set of regulations which admirably cover the whole subject. This action was followed by the kingdom of Wurtemberg in 1892. In the same year the State Board of Health of Michigan issued a pamphlet, giving instructions for the disinfection of sputa, and in 1893, the same Board went a step farther and adopted a resolution requiring consumption of the lungs and other tubercular diseases to be reported among "the diseases dangerous to the public health;" this report to be made by householders and physicians to the local health officer as soon as the disease is recognized. The purpose of such report is to secure to the health officer information of

the location of each case "with the view of placing in the hands of the patient reliable information how to avoid re-infecting himself or herself, or giving the disease to others, and in the hands of those most endangered, information how to avoid contracting the disease."

The publication of the report of Drs. Prudden, Biggs and Loomis seems to have been the first official notification to the public by any health authority of the infectiousness and preventability of tuberculosis, since the Neapolitan decree before quoted. Within a few months the New York Health Department has taken a more aggressive step, and now requires "all public institutions, such as asylums, homes, dispensaries, etc., to transmit to the Board of Health the names and addresses of all persons suffering from pulmonary tuberculosis within seven days of the time when such persons first come under observation." Physicians are requested to notify the Board of all cases coming under their professional care. Hospital authorities are urged to separate consumptive patients from those sick of other diseases. Special inspectors are appointed to visit the residences of consumptives, deliver printed instructions containing methods of prevention, and practice disinfection when required. One of the municipal hospitals is to be set aside as a "Consumptive Hospital" for the exclusive treatment of this disease, and whenever requested by physicians, the Health Department will undertake the bacteriological examination of the sputum in doubtful cases.

Action in a similar direction was contemplated by the Board of Health of Philadelphia, but objection on the part of some physicians to the compulsory notification of the disease was so strong that it has been for the time abandoned.

Within two months the State Board of Health of Washington has placed consumption among the diseases required to be reported to the Board.

The Board of Health of the City of Baltimore is about issuing a circular to the public giving suggestions in reference to preventive measures against tuberculosis.

The Pan-American Medical Congress, in session in Washington last September, adopted resolutions recommending to the various National governments represented effective measures for the restriction of the disease, and the American Public Health Association, which has been studying the question for the past four years through a special committee, set its stamp of approval upon the work of the committee by the adoption of the following report and recommendations in Chicago last October:

"1. Tuberculosis has been conclusively demonstrated to be contagious, by bacteriological experiments, by clinical observations, and by a study of the history of the disease.

"2. Tuberculosis is a preventable disease. Its preventability follows as a logical sequence upon its contagiousness, but has likewise been demonstrated in practical life.

"3. The contagium of tuberculosis resides entirely and solely in broken down tubercular tissue. A person suffering from tuberculosis, therefore, does not become a source of danger to others until he begins to give off broken down tubercular tissue, either in the form of sputa from the throat or lungs, diarrheal discharges from the bowels, or matter from a tuberculous sore such as lupus, white swelling, cold abscess, scrofula or tubercular inflammation of a joint.

"4. *A person suffering from tuberculosis can be made entirely harmless to those about him by thorough sterilization of all broken down tissue immediately upon its being given off. With proper precautions it is therefore possible to live in the closest relation and upon the most intimate terms with consumptives without contracting the disease.*

"5. Tuberculosis is not hereditary. A predisposition to the disease can be transmitted from parent to offspring, but this is no more true of tuberculosis than it is of all other contagious diseases.

"6. A predisposition to tuberculosis can be created anew by malnutrition or by anything which depresses the nervous system.

"7. Tuberculosis affects animals as well as man, and is identically the same disease in both. In domestic life human beings and animals mutually infect each other.

"8. The media through which human beings are ordinarily infected by animals are milk and meat.

"9. Houses in which consumptives have lived and in which immediate sterilization of all broken down tissue has not been practiced, are infected houses and are liable to convey the disease to subsequent occupants.

"10. Spitting upon floors and into handkerchiefs, and permitting the broken down tissue to dry and become pulverized is a prolific cause of spreading tuberculosis.

"11. Temporary occupation of hotel rooms, sleeping car berths and steamer cabins by consumptives in the infectious stage can infect them so as to convey the disease to subsequent occupants, unless proper precautions are taken against contamination of the bedding, furniture and walls with broken down tubercular tissue.

"We recommend the following practical measures for the prevention of the disease :

"1. The notification and registration by health authorities of all cases of tuberculosis which have arrived at the infectious stage.

"2. The thorough disinfection of all houses in which tuberculosis has occurred, aud the recording of such action in an open record.

"3. The establishment of special hospitals for the prevention of tuberculosis.

"4. The organization of societies for the prevention of tuberculosis.

"5. Government inspection of dairies and slaughter houses, and the extermination of tuberculosis among dairy cattle.

"6. Appropriate legislation against spitting into places where the sputum is liable to infect others, and against the

sale or donation of objects which have been in use by consumptives unless they have been thoroughly disinfected.

"7. Compulsory disinfection of hotel rooms, sleeping car berths and steamer cabins which have been occupied by consumptives, before other persons are allowed to occupy them."

The City of London Hospital for Diseases of the Chest, the North London Hospital for Consumption, the Royal National Hospital for Consumption, the National Sanitarium, the Manchester Hospital for Consumption and the Victoria Dispensary for Consumption issue instructions to be observed by their patients to prevent spreading the disease. These all comprise the use of spit cups, disinfected cuspidors, the prohibition of expectorating on the floor indoors, or on the ground out of doors, and the avoidance of swallowing the sputa to prevent re-infection.

In the various sanatoria for tuberculosis in Germany and in many in this country similar instructions are issued. Some progressive private practitioners in this country have had cards printed containing concise instructions for the disinfection of sputa, and other measures to prevent the further spread of the disease.

The various practicable measures for the restriction of tuberculosis may be summed up as follows:

1. Notification to the health anthorities of all cases of tuberculosis, more especially of tuberculosis of the lungs. This report should be made by the physician who becomes cognizant of the case in the line of his professional duty, and by the householder himself. In order to reach all cases, such notification should be compulsory. While it is probable that some cases would escape report through the negligence or wilful disregard of the medical attendant, these would be few and would diminish as soon as the benefits accruing from attention to this regulation became apparent.

2. All public institutions, as hospitals, prisons, schools, asylums, etc., should be required to promptly report through their managers or executive officials, under penalty, all cases of tuberculosis occurring in such institutions.

3. Upon the recovery, death, or removal of a consumptive from one house or apartment to another, notice should be given by the patient or his guardian, the householder or the physician to the health authorities in order that appropriate measures of disinfection of the vacated premises may be taken.

4. Concise instructions for the guidance of patients with pulmonary consumption, or persons coming into frequent contact with them should be furnished, free of charge by the health authorities, upon notification of a case, or at the request of any person interested. These instructions should cover especially the means for destroying or rendering innocuous the sputa. *The isolation of patients is not necessary. When the material containiug the tubercle bacilli,—in these cases the sputa—is destroyed, the consumptive is no longer dangerous to his most intimate associates.*

5. The health authorities should be empowered to employ special inspectors to visit all cases of consumption reported, instruct the patients themselves and the family, or those brought closely and constantly in contact with them in the best means of avoiding self-infection and the communication of the disease to others, and to disinfect the apartments occupied by the consumptive if found necessary. It may be objected that this will interfere too much with the rights and privileges of the attending physician, but the latter would doubtless often be willing to be relieved of the tedious details necessary. There could, of course, be no objection to the attending physician performing these duties himself, provided they were thoroughly done.

Neither the inspector nor any other officer of the health department should be allowed to comment on the physician's treatment or to offer any suggestions in this particular. I

believe it will be generally conceded that sanitary officials conduct themselves with tact and discretion in their relations with physicians.

6. Municipalities should be urged to establish special hospitals for the treatment of indigent consumptives. General hospitals should provide special wards for patients with this disease, and enforce in them the proper measures for the limitation of infection.

7. Railway and steamship companies should be required to change and disinfect all bed-linen and other materials liable to infection from consumptive travelers.* Dr. Albert L. Gihon in an address before the Pan-American Medical Congress has graphically referred to the danger in steamship travel with consumptives, and Dr. J. T. Whittaker has pointed out the many sources of possible infection in the Pullman car.

Such are, in outline, some facts and suggestions that I have thought not inappropriate to present to you on this occasion. The facts are vouched for by leading investigators, physicians and sanitarians. The suggestions are legitimate deductions from the facts recorded. No one who studies the question without prejudice can resist the conviction that tuberculosis, "the great white plague" is a preventable disease; that by concerted action on the part of physicians, sanitary authorities and the public it can be stamped out among all civilized peoples; that, like leprosy and the black death, it should be of interest in the future merely to the historian of human progress.

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*It is reported that on one of the Hungarian railway lines, special railway cars will be furnished for consumptives. These will be renovated and disinfected after each trip.

ANNUAL ADDRESS.

PREDISPOSITION TO PHTHISIS.

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Turn where we may in the practice of medicine, we have to face tuberculosis. Laennec declared in his day that more than one-third of the patients in the hospitals of Paris were affected with phthisis. That was seventy-five years ago. Six years ago Cornet extended the number with the declaration that at least one-third of all mankind are, or have been, affected with tuberculosis. Cornet did not include in this statement bone and joint diseases, skin and gland affections, and the various hidden depots of the disease. Though they underestimated its frequency, the old masters did not err when they spoke of tuberculosis as the scourge of the human race, and we may hear the appeal of the later authorities all the way down from Louis, who wanted the various governments of Europe to unite in a crusade against it, to Koch, who, at the International Congress at Berlin, invites the nations of the earth to vie with each other in the study for means of relief.

To be more exact: In 4250 successive autopsies made in Breslau last year, gross macroscopic lesions of tuberculosis were found in 1393, that is, in one-third of all the cases on the post-mortem table. Schlenker (1894) made thorough inspection of one hundred bodies, finding lesions of tuberculosis in sixty-six. Of these cases it was the cause of death in 53 per cent., was of great importance in 6 per cent., and was quiescent in 41 per cent. Boltz, of Kiel, found 424 cases in 2576 autopsies. Biggs found characteristic lesions in the

lungs alone in 60 per cent. of his autopsies, Brouardel in 75 per cent. of his cases at the Paris morgue, and as many cases show only fine lesions and others recover without lesion, it is evident that it is scarcely possible to overestimate either the frequency of the disease or the variety of its manifestations.

Tuberculosis, as we know, may attack any body and any organ of the body in any or every grade of mildness and malignity.

Why does tuberculosis kill one man, spare another, and run a benign course in a third?

Because, we say, one man is more predisposed than another to suffer attack.

Is it real, this predisposition, or is it a paraphrase; is it a fact or a word?

What is meant by it?

Not climate, or altitude, or dryness, or soil, or environment; not difference in the cause in quantity or character. The term is elastic, but it is never extended to include anything more than intrinsic cause.

Disposition is defined as a defect in the constitution of an individual which lessens his resistance, and thus makes him more liable to invasion of the disease.

It is understood at the start that it is not a question of liability or immunity of different animals to the same disease. Different animals differ so much that we are warned against any interchange of blood in the operation of transfusion. It is a question of the same animal, and with us here, of man. Moreover, predisposition here does not mean increased liability to any disease, but to one particular disease, to wit: to phthisis.

Pfeiffer makes the position plain by an example from ophthalmology. It has long been known that eye-strain produces myopia. The condition is seen to increase with increasing study, or strain, and is aggravated by bad light.

bad atmosphere, bad health, etc. But with all this, the fact remains that under the same conditions certain individuals are affected in various degrees of intensity, and certain others escape entirely. Many ingenious theories have been invented and proposed to explain this anomaly. Finally Stilling found that in myopic individuals the roof of the orbit is comparatively flat. Thus the insertion of the superior oblique muscle is dislocated to make the change of shape in the eyeball upon which the myopia depends. But myopia develops only in those individuals when they are subjected to eye-strain. These individuals are said, therefore, to be predisposed to myopia. The anatomical anomaly is the predisposition to myopia.

Is there, in this sense, a predisposition peculiar to phthisis? Koster finds it as Hippocrates did before him, in the paralytic thorax, which permits the easier colonization and multiplication of bacilli at the apices of the lungs. Such apices receive no fresh air at all. They inspire only gases and bacteria from other parts of the lungs. We have, he says, not so much to combat the bacillus as the disposition, that is, the build of the thorax, etc.

Wolff declares also that the danger of infection, at least in adults, is of far less importance than the danger of the disposition. He goes so far as to maintain that when an individual becomes tuberculous, it is useless to investigate the past for the occasion of the infection. Infection may reach far back into childhood. Klebs is a decided advocate of a certain disposition as a necessity to tuberculous infection, and Hiller emphasizes the fact to such extent as to say that it is not so much a question of infection with tubercle parasites as of the presence of an individual bodily predisposition. If a man has this predisposition, he says, what would it avail to keep the bacilli out of his lungs for a certain time? When we consider the universal distribution of them, we must recognize that in such an individual infection is a mere question of time. The treatment, therefore, is not the treatment of the disease, but the combat of the individual tuberculous

disposition. From this standpoint, Volland asks, "how shall a man protect himself from consumption?" The only proper answer is, he says, that a man protect himself as much as possible from acquiring the disposition. For those in whom the condition has occurred in childhood, this advice is too late.

These authorities all assume it, but, aside from the paralytic thorax mentioned, no one of them attempts to define the disposition in any way.

Sometimes this disposition is said to be acquired, sometimes it is inherited. With the subject of inheritance, the question of disposition takes at once a wider range. May not the disease itself be inherited, that is, may not the tubercle bacillus be directly transmitted to the offspring? This question necessitates at once a revision or readjustment of definitions. It shows at once a misconception of the term and a confusion of disposition with causation, for a direct transmission is not a disposition. It is the disease itself, and if transmission be true in all cases, it renders any study of predisposition superfluous. Even though latent, we do not say of a child born with syphilis that it is born with a disposition, but with the disease itself. Hence the question of direct transmission by heredity must be disposed of first.

Goldsmith says that man first gapes with wonder at the mysteries about him and it is only when he ceases to wonder that he begins to study and observe. During the wonder period he has the credulity of a child and his mind is satisfied with any explanation. It suffices at first to be told that the universe was created. As for tuberculosis, it was inherited.

With our immediate forefathers it was assumed, as the easiest explanation, that tuberculosis was always inherited. The only question with them was as to the degree of the descent, or of the relationship included. From what we know of the universality of the disease, we know that it is always possible to find phthisis somewhere in the ancestry. The proportion widens of course with extent of relationship

included. Thus, of the 1010 cases at the Brompton Hospital, including only parents, the report shows an average of 24.4 per cent. Cotton's 1000 cases, including parents, brothers and sisters, gave 36.7 per cent. Fuller's 385 cases included grandparents, uncles and aunts, and furnished about 60 per cent., and so on. But nowadays, outside of comic opera, we do not reckon inheritance from uncles, cousins and aunts. Williams estimates from his 1000 cases an average of 12 per cent. for direct hereditary predisposition, and 84 per cent. for what he calls family predisposition. Would anybody now seriously contend for inheritance of a disease from outside cause from grandparents? Attention may here be called to the fact that while 43 of his cases had the father alone infected, 67 had the mother alone affected, and 224 had brothers and sisters affected with the disease. Surely this fact speaks stronger in favor of infection than heredity. The trouble with heredity is that it does not explain enough. It is admitted that of 100 cases affected with phthisis, 12 or 24 will have had tuberculous parents, but if we recall the fact that these 100 patients had 200 parents, it will be seen that these numbers represent heredity in but one sixteenth, or one-eighth of the cases, whereas we know already that tuberculosis is fatal in the lungs alone to one-sixth or one-seventh of mankind. We say of cancer sometimes that the role of heredity appears in eighteen per cent. of cases, not enough to make it merit consideration. We speak of the eloquence of figures. That depends upon what we want to prove. We forget sometimes that a figure is also a mode of speech. "One may prove anything with figures," is a proverb; and when we speak "figuratively" we intend to represent something else. Tallyrand said: "Si c'est un mensonge c'est les chiffres." But so far as figures speak here they prove nothing for the heredity of tuberculosis.

Advocates of heredity find support in the fixation of the disease in families. Thus Riffel declares that the families of two villages in Baden showed the disease more than one hundred years. Riffel made, as Langenhausen made before

him, regular genealogical trees of families affected with tuberculosis. It is thus shown that where tuberculosis had once occurred in a family, it fixed itself with tenacity and remained up to the present time, following members of it relentlessly to extinction. Neither distance nor the introduction of healthy individuals upon the old trunk have sufficed to bar the descent of tuberculosis to posterity. The influence of the inherited disposition continues, he declares, even if a generation escapes attack. In fact, it suffices, as many examples show, to introduce one individual, hereditarily affected, though he may himself not be tuberculous, into a previously healthy family, to introduce the disposition to the entire posterity.

This author goes further. "It is remarkable," he says, "that a husband, himself from a healthy family, introduced into a family notoriously predisposed by inheritance, does not himself succumb to tuberculosis, but he may see fade before him his wife, children and grandchildren under the disease." Men who pursued this train of thought reached the conclusion of Riffel, that the tubercle bacillus is not the producer, but is only the attendant of tuberculosis.

Another factor in support of inheritance is the predominance in children of gland, bone and joint affections, recesses of the body not open to direct invasion from the outside, and reached only through the avenue of the blood and lymph channels. Scrofula is certainly much more frequent in childhood, but scrofula is an outside disease. It is just under the skin and in the line of the lymphatics from the throat. Disease of the bone and joints in the earliest life, that is in the earliest weeks and months of life, are far more frequently due to syphilis than to tuberculosis. Hip joint disease, white swelling of the knee, Pott's caries, creations of tuberculosis, almost never show themselves in the first months, and rarely in the first years of life. Nevertheless it is true that tuberculous bone and joint affections are most common in later childhood. Here, however, may be mentioned the discovery of Schede that many of the intensely chronic rheumatisms of old age are tuberculous.

The advocates of inheritance also claim tuberculosis of the skin as a hematogenous infection, but surely this should have been the last resort, for the skin is the very outside and lupus or other skin tuberculosis is almost never found in conjunction with any internal deposit.

When we come to the scientific study of inheritance of a disease produced by a distinct cause, we observe that the subject falls at once into two divisions, to wit: Transmission at conception, that is with the spermatozoid or ovum, and inoculation later in intra-uterine life from a infected mother. Sometimes these divisions are differentiated as conceptional or germinative, and congenital, but these terms are so often used synonymously, or the latter for both, as to lead to confusion. It must be at once admitted that there is no way of ascertaining whether a fetus was infected in the ovary or in the uterus, so that positive proof of absolute inheritance can be adduced only from the side of the father. As for congenital tuberculosis, *i. e.*, infection from the mother, it is not only possible, but proven, but only as the great exception, not so often, for instance as in the case of small-pox.

Max Wolff inoculated a number of pregnant animals with tuberculous matter, and a second set of animals before they become pregnant. These experiments were not favorable to the view of transmission of the bacilli. This author did not inoculate males. Wolff maintains that in by far the greatest number of cases of so-called congenital tuberculosis the disease has been acquired by infection after birth.

Baumgarten, who has always been the strongest advocate of hereditary tuberculosis, collected all the observations which could substantiate his view. He appeals in the first place to the tuberculosis of birds, as of chickens, though the disease is here caused by a special species. In these animals in the absence of sputum or of feces containing bacilli, dissemination by the outside world is scarcely possible. He appeals to the fact also that in man cases of congenital tuberculosis are no longer so very rare. To be exact here, too,

in the whole range of literature ten cases have been collected up to the present time. Baumgarten was himself able to demonstrate a caseous mass in a cervical vertebra in a still-born child. He further cites the cases of tuberculosis in children in the first months and years of life. Here of course a positive demonstration of congenital presence of tubercle bacilli cannot be adduced. The author thinks, however, that no good ground can be cited against this view, as the disease is accustomed to show itself only very slowly. In fact, Baumgarten invented a period of latency to account for the new growth. The predominating frequency of primary lymph gland, and bone, and joint tuberculosis speaks again for congenital transmission. Further support is furnished by experimental investigation. Baumgarten got from two tuberculous rabbits, two young which were isolated and protected against infection immediately after birth. They lived three-fourths of a year. In one there was no disease, in the other a caseous nodule of the size of a cherry developed in the liver with the histology of a solitary tubercle, in which, however, bacilli were not found—rather dubious proof.

Better results were obtained by de Renzi and Gartner. De Renzi selected for his experiments guinea-pigs, which have a longer pregnancy than rabbits. Of eighteen experiments, five furnished a positive result. In the case of three newborn killed at once, this author saw tuberculosis of the lungs, of the bronchial or tracheal lymph glands. Four animals born at the same time lived two months, two lived thirteen days longer. They all showed extensive tuberculosis of the lymph glands. The importance of the longer pregnancy is shown by the fact that only such mothers cast tuberculous young which had been infected thirty days before, longer thus than the whole period of pregnancy of rabbits.

Gartner rubbed up the newly born young of tuberculous white mice, and injected the mush into the peritoneal sac of guinea-pigs. He got from ninety-six young, out of nineteen casts, three cases of pronounced abdominal tuberculosis.

Further, he injected into the blood of ten pregnant rabbits culture solutions, and three of the fetuses extracted from the uterus showed bacilli.

White mice and canary birds were further used. These animals, while they are susceptible to the disease, do not succumb for at least three months after the injection of considerable numbers of tubercle bacilli. Of 110 young mice, the offspring of 24 tuberculous (inoculated) mothers, two were found to be tuberculous. Of nine eggs from two tuberculous canary birds, two contained tubercle bacilli. Mafucci had already shown that infected hen's eggs need not perish but may continue to develop, while the issuing fowl may show signs of general infection without local lesion. The *possibility* of fetal infection is, therefore, established.

And infection of the human fetus by the mother has been proven also. It was in the year 1891 that Schmorl and Birch-Hirschfeld published the first case in which they were able to demonstrate with certainty the transmission of the tubercle bacillus from the mother to the fetus. It was the case of a young woman who died with miliary tuberculosis in the seventh month of pregnancy. These observers found in the placenta in the inter-villous tissue, also on and between the epithelium of the villi, in the lumen of divided chorion vessels, in the lumen of capillary vessels, in the fetal liver, tubercle bacilli which could be colored with characteristic reaction. Moreover, three guinea-pigs which had been inoculated with parts of fetal organs became tuberculous. As these authors urged, there was in this case clearly a congenital tuberculosis, since all tubercular tissue changes were absent. The direct transmission of tubercle bacilli from the mother to the fetus was thus assured for the first time. Lehmann subsequently confirmed this report with another case.

In reviewing these various observations, Ribbert concludes: We must admit that a large number of interesting studies may be utilized as points of support for the possibility of congenital transmission of bacilli, but that strict proof has been brought only for placental infection to account for congenital human tuberculosis.

Infection in this way is, however, only a possibility, and that it does not thus occur as a rule is proven by the fact that the offspring of tuberculous mothers is born as a rule sound and free. Epstein observed that tuberculous mothers, notwithstanding an emaciation of high degree, bring forth, as a rule, healthy and sound children, which develop in every way normally, and in the exceptional case of feebleness at birth the emaciated children of such mothers recover perfectly when properly fed. Of 200 cases of this kind, tuberculosis was found upon autopsy only once, and then in a child aged ten weeks. The fact is, as Klebs has shown, that an intra-uterine transmission of tuberculosis from an infected mother belongs to the rarest occurrences. Long before the discovery of the bacillus, Bockendahl declared: "We may not conceal the fact that pathological experiment has compelled us to recognize in tuberculosis an infectious disease, and to surrender the view of inheritance even in individual cases." Is it not safe to say that no one here has ever seen a case of congenital tuberculosis?

As to transmission from the father, which alone can constitute indisputable heredity, there is no proof at all. Gartner inoculated twenty-two rabbits in the testicle, and observed that although the semen contained bacilli, it failed in all cases to produce tuberculous young. The reason was obvious with the observation that in these inoculations only one bacillus would be present to fourteen million spermatozoids, so that the chances for infection in this way are reduced to a minimum. It could not further be shown that spermatozoids ever incorporate bacilli. In fact they could not be forced to take them up. With any increase in the number of bacilli, it was impossible to infect the fetus, and only rarely did there occur a local infection of the female. When it is considered that on the one hand the tubercle bacilli are so rarely found in the semen, and on the other hand primary congenital tuberculosis is itself so rare, it may be concluded that tuberculosis is never conveyed to the fetus by the spermatozoid. Thus practically tuberculosis is not an inherited disease.

It is universally admitted that tuberculosis is extremely rare in the first months of life. Thus it is almost never seen in foundling-houses. In the foundling-house at Prague, Epstein saw in 200 post-mortems, only nine cases of tuberculosis. Two of these children had been brought into the institution from an outside nursery, where one of the nurses had been affected with the disease. The history of the other was unfortunately not examined in this direction. But in the case of the other seven of the sucklings, the mothers had been brought to the hospital to be themselves treated for phthisis. In the St. Petersburg foundling institute, according to Froebelius, of 71,370 foundlings, deaths from tuberculosis were 0.4 per cent., while the whole number of deaths was 21.7 per cent.

As now direct germinative transmission of the bacillus cannot be proven in man, and placental infection is extraordinarily rare, retreat is had to the transmission of a tendency whereby it is said that the children of tuberculous parents inherit a weaker constitution, or some other peculiarity which constitutes a predisposition of tuberculosis, which in turn makes these children therefore more ready victims to the disease. Why may not be inherited weak lungs as well as weak brains, weak stomachs, weak eyes, etc?

Mention has been made already of the paralytic thorax. the elongated, flattened thorax, which is usually found in connection with a long, narrow neck, a thin skin with apparent blue veins, an enfeebled musculature, etc. This condition is declared to constitute the phthisical habitus. The truth is, these individuals are often already the hosts of the tubercle bacillus, and are not infrequently the victims of manifest disease. Deutsch has shown by abundant measurements and comparisons that there is no predisposition in the configuration of the thorax, and that broad-chested men contract the disease as readily as those with narrow chests.

It is claimed that certain catarrhal conditions of the mucous membrane predispose to the disease. This may be, but the fact has not been demonstrated. Brehmer says that

a chief source of phthisis is its tendency to catarrh, and prevention of the disease consists in exercise in the open air with protection of the skin with woolen, but not too warm, clothing, etc. The truth is often here, too, the reverse of this relation. It is the individual infected with phthisis who is especially disposed to catarrh. As a sign of incipient phthisis Cullen said a century ago: "The patient takes cold with every exposure, and often without any exposure at all."

Conditions which markedly interfere with the nutrition of the lungs are declared to favor the retention and growth of microorganisms. Thus it has been noticed that individuals in whom the pulmonary artery is small, easily become victims to this disease. Congenital stenosis of the pulmonary artery is nearly always attended with, or followed by, tuberculosis. On the other hand, certain anatomical conditions render an individual less liable to be attacked. Such conditions as favor venous stasis or hyperemia offer obstacle to the development of tuberculosis. Thus tuberculosis does not occur, as a rule, in cases of valvular disease of the heart, asthma or emphysema. Beer claims to have cured a number of cases of tuberculous bone and joint disease by a passive hyperemia of artificial induction. Exceptional cases sometimes admit of explanation. Thus clinicians differ as to the effect of aneurism of the aorta. Aneurism of the aorta, so long as it causes a venous stasis, interferes with the development of tuberculosis. When it, however, attains such size or disposition as to encroach upon the pulmonary artery, it will favor tuberculosis. Schottelius finds a difference in the configuration of the bronchial tree. Formad accuses the construction of the connective tissues. Veraguth holds responsible the lymph vessels. Weber finds a deficiency of carbonic acid. Ruehle generalizes in a lighter vulnerability, etc. Defective ciliary action has been invoked in the same way. Appeal is made to hypoplasia of the heart, and to chlorosis, both of which are common effects of the disease. Finally, Brehmer, in what might be called a frantic appeal for predisposition, lays the blame

upon anorexia, for he says a common peculiarity of almost all cases is that the patients are never good eaters. This author actually puts this statement in italics. "*Patient war nie ein starker Esser!*"

Pfeiffer states a well-known fact when he says that children of tuberculous parents are often sickly from birth. Affections of the mucous membrane are unusually virulent and obstinate, and complications are more wont to develop. For instance, in such children there is with every simple catarrh of the throat an inflammation of the ear, "not only once, but every time, and not only in one child of the family, but often in every one." Sometimes it seems that this disposition may skip individual generations, since such diseases are observed in children whose parents have been sound, but whose grandparents or more remote ancestors suffered with tuberculosis. How much prejudice may influence an opinion is seen from the conclusion which this author draws that "the presence of predisposing circumstances must be accepted in spite of the fact that in an extraordinarily large number of autopsies we found the remains of a more or less extensive tuberculous disease in the form of caseous or calcified deposits in the lungs, in the lymph glands, in cicatricial atrophy of the apices, proving that tubercle bacilli were once present." The author seems to be unaware of the disclosures of Ziemmsen, who found living bacilli in apparently quiescent cervical glands, and of Loomis, who reported of 763 autopsies, 71 cases apparently cured, the patients having died of different diseases. The cure was effected by the usual marked increase of connective tissue, but that the cure was not always so perfect as appeared to the naked eye was demonstated by the discovery of tubercle bacilli in three of the twelve lungs examined.

Of the affections of the ear, which are so prone to occur, tubercle bacilli have been already actually demonstrated in half the cases. Here, too, the sickliness of the child is the effect and not the cause of the tuberculosis.

Independent of inheritance altogether, the tendency is said at times to be acquired, and the same factors have been invoked, to wit, the paralytic thorax, the phthisical habitus, the frequent occurrence of catarrh, defective ciliary action, hypoplasia of the heart, etc. The statement rests upon the same evidence as in the case of the inherited tendency, but more may be claimed perhaps for a chemical alteration of the juices or organs of the body, which may fertilize the soil for the growth of the tubercle bacillus, or what is more likely true, lessen resistance to its invasion. Such a change certainly takes place in diabetes. It is a notorious fact that one-half of the cases of diabetes succumb to tuberculosis. Seegen found the lungs sound in diabetes in only a few cases. Leyden found a latent development of phthisis under insidious general symptoms especially remarkable in cases of diabetes, and usually under the entire absence of hemoptysis. In what this alteration consists we do not know, but studies in culture soil may throw some light upon this obscure subject. Sander found that a somewhat acid culture soil is the most favorable to the growth of the tubercle bacillus. This author observed also that growth occurred in neutral soils with the addition of glycerine. Here may be mentioned for what they are worth the experiments of Fermi and Salsano, who found that the long continued injection of dextrose and lactic acid into the bodies of guinea-pigs and mice increased the disposition to tuberculosis. All these conditions are found in diabetes, but that the predisposition is not peculiar to phthisis is shown from the fact that the diabetic patient is also especially liable to invasion by other micro-organisms, especially those of pus, as furunculosis is almost as common as tuberculosis.

I would like to begin the next section of this subject with the statement, which may not now be gainsaid, that tuberculosis depends solely and exclusively upon the tubercle bacillus. The tubercle bacillus is the one over-shawdowing fact in the whole history of this disease. It is the nucleus

about which everything else must crystallize. As the true believer would say, when everything else is in doubt this is the rock to which we cling.

Everything must conform to the tubercle bacillus. Whatever fails to fall in with this view is relegated as useless lumber to the ancient history of the disease. It illuminates a whole field of obscure diseases. It reconciles discordant facts. It establishes unity. For instance, it is a far cry from a basilar meningitis to a hip disease, from an otitis to an orchitis, from a miliary affection to an Addison's disease, from a lupus vulgaris to a fistula in ano. Tuberculosis is conveyed by infection, because it is conveyed by a living thing which grows only from itself. It belongs to the older civilizations, and is unheard of and unknown among newer peoples, as among the Australians, or our own Indians, until it was brought to them by Europeans. Tuberculosis is therefore most frequent in those organs which are most exposed to the outside air. Louis, long before the cause was known, declared it to be a law that if tuberculosis is found elsewhere in the body, it will always be found in the lungs. In fact, tuberculosis is found first in the lungs, next in the intestines, and in the lymph glands, as it is absorbed from these organs, and then and thence in other organs and tissues of the body. To this point we return again.

Tuberculosis is most frequent and intense in the most closed and crowded spaces. A sentence of imprisonment for any number of years is a condemnation to death by tuberculosis. Cornet has shown that sixty per cent. of nurses succumb to tuberculosis. It is useless here to dwell upon this fact. No one now refuses to believe that tuberculosis of the lungs is acquired by inhalation of the tubercle bacillus. Even the exceptional case of inheritance is by infection of the ovum and in this case it is impossible to conceive that the mothers too came from an infected ovum. The problem is to solve the individual case of exemption with the same environment. It is alleged against infection

that many individuals exposed all their lives long fail to contract the disease. But the same thing has been said repeatedly of diseases infectious by universal acceptance—typhoid fever, for instance. Watson said long ago of variola, "There is no contagion so strong and sure as that of small-pox, and none that operates at so great a distance." But three of the great masters of medicine in the olden time, Morgagni; Diemerbroeck and Boerhaave, who walked among epidemics unscathed, believed that the disease was little or not at all contagious.

Then it is urged that cases have not multiplied in places to which tuberculous patients have been sent in numbers. Attention is often called to the fact that the disease has not diminished in Naples, where failure of registration of cases was punished with a fine of 300 ducats, and, on repetition, with banishment for ten years. For fifty-six years this decree was rigorously enforced with indescribable damage to the community, according to de Renzi, and according to Brehmer, entirely without influence upon the frequency of the disease.

Rompler reports of his fifteen years observations in Gorbersdorf, that the emigration of patients had not increased the number of cases among the indigenous in that village. In the last hundred years only 72 persons died of tuberculosis among a thousand from all causes, and the disease successively diminished in the last four decades notwithstanding the increased overflow of the place with lung disease.

The observations to the same effect made at the Brompton Hospital, which seemed to show that the disease was never contracted in these institutions, have been invalidated, partly by the subsequent discovery of cases—the mere remaining alive or even in apparent health is not evidence of exemption—and partly by the studies of Cornet, who showed the cleanliness of institutions, *i. e.*, freedom from infectious dusts as compared with private houses.

Tuberculosis deposited in the recesses of the body is preceded by deposits in the course of the main avenues. Mention has been made already of deposits in the bronchial and

in the mesenteric glands. The disease irradiates from these centers. Sometimes the primary deposit is more concealed and the disease is disseminated from some cryptogenetic source.

Plain cases and curious cases of all kinds abound in literature. Thus Spengler found tubercle bacilli in the bronchial lymphatics of six children who had died of diphtheria, sepsis, etc., but who had shown no symptoms of tuberculosis. With one exception this was the only place where tuberculosis was present. The bacilli had clearly penetrated from the respiratory mucous membrane. Neumann, from his studies, concludes, as stated already, that the bronchial glands are the first depots of deposit in children. The inhaled bacilli are carried to the nearest gland and may here either be destroyed, or after a variable time, owing perhaps to some intercurrent affection, "measles, pertussis, bronchitis, inflammation of the lungs," may be carried to any part of the body to produce the various tubercular affections. Babes found affection of the bronchial glands in the children's hospital at Buda Pesth in more than half his sections. Muller, of Munich, found the same condition 103 times in 500 sections. Northrup, of New York, found caseation limited to the bronchial glands forty-two times in one hundred and twenty-five cases. In three cases only was the primary infection in the mesenteric glands. Engelnah made a bacteriological examination of the lungs, bronchial and mesenteric glands in one hundred and twenty infants, which died at a St. Petersburg hospital during six weeks of the fall of 1891. Tubercle bacilli were found in fourteen cases (11.7 per cent.) at ages varying from two months and four days, the youngest, to seven months and seven days. They were present in both the lungs and bronchial glands in 93 per cent. of cases.

Neumann goes so far as to say that children who have died of tuberculosis of any organ always show affection of the bronchial glands, and that affection of the bronchial glands depends always on infection with tubercle bacilli.

But in the few established cases of fetal tuberculosis, the bronchial glands were not all or only very insignificantly affected.

Again, the anatomical situation of the glands indicates infection by inhalation. Buchner and Wyssokowytsch showed in their experiments that the inhaled spores of various bacteria could penetrate to these glands without lodging in the lungs. From these glands the bacilli irradiate.

According to Weigert, miliary tuberculosis of the lungs is a consequence of invasion of the pulmonary veins from the intra-pulmonary glands. In nearly all these cases, the exemption of the mesenteric and cervical glands is proof of the fact that the avenue was through the lungs.

The exceptional cases are sometimes very curious. Thus Jaccoud and Schurhoff each furnished interesting contributions to the origin of acute miliary tuberculosis. In the case of Jaccoud, the miliary tuberculosis occurred in the course of a hemiplegia, and its origin was from an old tuberculous deposit in the brain without meningitis. In the case of Schurhoff, the miliary tuberculosis arose from a tuberculous nodule in the mitral valve, which in turn had developed from an old pericarditis. In a case reported by Kobner, there developed, besides a laryngeal phthisis, an extensive tuberculous destruction of the skin of the chin. This patient had been shaved for many years in different barber-shops, all the time carrying about a suppurating wound. In the case of Rethi, there developed, after the extraction of a tooth, a tuberculous ulcer of the mouth, which led to extensive destruction with further communication with the cavities of the mouth, nose and jaw. Hilbert reported a case from Konigsberg in which the tuberculous meningitis developed immediately after a violent concussion of the head, as tuberculous disease often does in other places. I know myself of two cases of basilar meningitis after trivial trauma. Mordhorst long ago called attention to the opportunity offered for the colonization of bacilli in the quiet regions of extravasated blood after trauma. Heiberg reported 84 cases

of uro-genital tuberculosis most frequently as a sequence to bone and joint disease. Dittrich reported 16 cases of tuberculous perichondritis of the cartilages of the ribs. The majority of the cases suffered from easily demonstrable tuberculous affection elsewhere. A case reported by Frankenburger of Nuremberg died of acute miliary tuberculosis, and the only lesion found post mortem was an old tuberculous disease of the uterus and tubes. Radcliffe mentions cases in which tuberculosis of the lungs ran a favorable course. The patient seemed perfectly well for years, and then began to show the insidious signs of a chronic nephritis, due to the direct penetration of the kidneys by tubercle bacilli.

It is not necessary to appeal to ancestral history in explanation of these cases. The ancestry of the disease is found in the individual himself.

There is no real immunity. Cornet has shown that when a number of animals are subjected to inhalations of atomized sputum, some are affected and others escape. If the inhalation is more prolonged they are all affected with one or two exceptions, and if then it is still more prolonged, the exceptions are also affected. Why is this difference in time? This much only may be said, that if these animals are reduced by different diseases, the differences are still more marked, and this is the truth about the predisposition in man, that is, there is no disposition peculiar to phthisis and there is no immunity to phthisis. Pathetic proof of this fact is often enough furnished by careless individuals. During the inhalation experiments of Tappeiner, his assistant, a remarkably robust and vigorous man of forty years, free from all hereditary taint, and previously in perfect health, could not be restrained from entering the apartments, boasting of his ability to show his strength and the lack of danger of this procedure. He continued to enter the rooms in defiance of entreaty and command. He fell a victim in the course of fourteen weeks to phthisis florida, and autopsy revealed exactly the conditions that were found in dogs killed in the

same way. Cornet tells the story of a clerk who asked his employer to supply the office with cuspidors. "If you have hectic, we don't want you," he said, "if not, you don't need them." This brutality met its reward. In six months the employer had hectic himself.

The attempt to deduce conclusions from the laboratory is often greeted with contumely. It is a common saying, especially among clinicians of the old school, that a man is not a test tube. The fact is he is a test tube, enclosed in skin instead of glass, but containing a much more complex culture soil. If we do not understand the changes which take place in the culture soil in the interior of his body, it is not the fault of the comparison or the fact. 'Like the test tube he stands about with open mouth and receives what falls into it from the air, and they who believe in predisposition leave him standing helpless without the power of removing the contaminations in the air.

Do you recall the famous test tubes of Tyndall?

Tyndall exposed one hundred test tubes, ten deep each way, filled with the same solution, fresh urine, to the action of the atmosphere. For fifteen hours the contents remained perfectly clear. This period of clearness he called the "period of latency." We call it the period of incubation. Toward the end of this period the tubes begin to show the effects of disease. The solution passes from clearness to cloudiness in the course of a few hours, but there is a great difference in the tubes. Some are spotted with mould, some are cloudy throughout, some are absolutely opaque. A number of tubes remain apparently unsmitten. Would it be fair to say that the tubes most affected were most predisposed, and that the unsmitten tubes had immunity to attack? By evening of the next day, under the same exposure, every tube of the hundred was attacked. "The whole process bore a striking resemblance to a plague among a population. The attack being successive and of different degrees of virulence." Test tubes filled with the same fluid

sterilized by boiling and exposed to fresh air in a box remained clear for weeks. Was it because these tubes were not predisposed to attack by the bacteria of decomposition?

One of the great arguments adduced against infection is the fact that individuals are said to be most affected in early life, and that age secures exemption. Wurzberg showed the fallacy of this view in observations based on studies in Prussia where, of 10,000 persons, the percentage increased from the first decade, which included 10 per cent. regularly to the seventh decade, which included 71. The regiments which made the most campaigns suffered the most, and the few individuals who survived at the end are regarded as invulnerable only by the superstitious.

When it was objected to these conclusions that the statistics were based upon tuberculosis of the lungs alone, which is the most frequent occurrence in adult life, whereas gland and joint affection is more frequent in child life, the objection was met by Zwickh, who showed from the mortality statistics of Bavaria that the general view that tuberculosis is especially a disease of youth is wrong. There is, on the contrary, continual increase of the deaths up to old age. Of 100,000 of the same age, there died of tuberculosis, that is of tuberculous diseases of all organs, in the male sex alone, at the

Age.	Number.
6—15	100
16—22	180
21—30	425
31—40	490
41—50	530
51—60	640
61—70	690

When we consider the universality of the disease, we may be led to ask the question, whether the subject of predisposition is not one rather of dissemination in the body of the individual, than acquisition in the first place. This subject

opens up the field of invasion by other, especially the pyogenic, micro-organisms, which are chiefly responsible for the spread of the disease in the body. Whatever degrades the body in any way favors the development and dissemination of a disease, or any disease, including tuberculosis. In this sense and this only may be admitted a predisposition to phthisis. We may recall in this connection the history of the celebrated rabbits of Trudeau. A number of animals were inoculated with like quantities of the disease. Half of them were allowed to run free in the open air. The other half were supplied with food and drink and immured in a dark hole under ground. The animals were all killed at the same time. Those which had run free had either recovered entirely, or showed only localized lesions. The immured animals showed wide dissemination of the disease. Would any one say that these immured animals were more predisposed to the disease? The weak and feeble from whatever cause are the victims of all disease. Birch-Hirschfeld long ago showed that the mortality at the end of the year is not increased by the prevalence in its course of any epidemic. The epidemic numbers its victims among those who would have died of other cause.

It has been shown, I think, that the theory of a predisposition is dangerous, in that it removes attention from the avoidable sources of the disease. It is also undemonstrable, and experiments made to prove it are all open to objection. Finally, it is superfluous. A predisposition is a return to the assumption of a diathesis which excites a horripilation in a man of modern education. Like the doctrine of predestination to its opponents it takes away the chance of rescue. Do you believe that a man is predisposed to syphilis? These diseases were for a long time studied together. Tuberculosis is aquired by infection. Ignorance of this fact favors the spread of the disease. I have more than once made this experience. I have been called to see a case sometimes in a tenement house, sometimes in an under-ground room, found the patient lying in bed in the last stages of phthisis, unable to lift his head to expectorate,

the floor about the bed covered with newspapers, saturated with sputum which he had projected in a parabolic curve. The condition of the bed may be surmised. In this same room, not infrequently the wife or mother was washing clothes, some of which were hung up to dry, so that the air was saturated with steam, and in this same steam-heated, polluted atmosphere, little children with half-naked bodies were picking their way about the room with bare feet. When in the due course of time, these little children, thus inoculated, showed some of the localizations of tuberculosis, they would not have to go far to find a physician who would dub the disease hereditary, and resign himself to the hopelessness of the situation. Once I found a patient in somewhat higher life lying back in a wheeled-chair, which had been rolled close to a red hot anthracite stove. Surrounding the patient and the stove was a clothes-horse upon which were suspended a number of handkerchiefs and cloths. I asked the patient what they were. They said they were the cloths used for the reception of sputum. They did not need to be washed out, because the sputum was watery and clear. The man who would enter and stay in that room with a full knowledge of its dangers is braver than the heroes at Balaklava.

The ancient views regarding the nature of phthisis die hard. The London *Lancet* of the present day opposes the classification of tuberculosis as an infectious disease. This I read in a recent number: "If phthisis is to be definitely scheduled as an infectious disease in our Statute-book, and to become amenable to all the provisions regarding infectious diseases in the Public Health Acts, it is hardly possible to contemplate the result without some misgivings. Let us take, for instance, the case of a conscientious young man just about to enter life, and who is considered by his medical adviser to be manifesting the signs and symptoms of phthisis. The case is in due course notified, and the patient becomes in his own eyes a leper destined to an early death, and in the eyes of the community a danger to the public

health. More than this, he would, if our supposition be correct, be in constant dread of the Public Health Act of 1875, and the Infectious Disease (Prevention) Act of 1890; his chances of marriage would have vanished forever, and the insurance societies would refuse to consider his proposal. If, too, his removal to some isolated hospital was insisted upon and he was allowed with a constant accompaniment of a spittoon, provided with a disinfectant, to travel for the benefit of his health, he would nevertheless feel bound to notify his leprous condition to all hotel-keepers, so that disinfection of his room might be properly carried out. Add to this the by no means impossible circumstance, that the diagnosis was erroneous, or that the patient recovered, at any rate for a time, and we have some faint indication of the result of dealing with phthisis as an infectious disease."

Suppose we now substitute gonorrhœa or syphilis or small pox or diphtheria in this reading and for the spittoons, towels; would the statement excite sympathy or aversion?

But it is impossible to imagine a grosser misrepresentation of facts. To begin with, this view overlooks the simple fact that knowledge is power; that the recognition of the disease is in nearly all cases more absolute than that of scarlet fever, small-pox, or syphilis; that phthisis is acquired chiefly by exposure to dried sputum in which, on cloth the bacillus lives six months, and which diluted four hundred thousand times will still propagate the disease; that the disease in its earlier stages is usually perfectly curable; that nothing about the individual is infectious except his sputum and that the destruction of the sputum is simplicity itself. The opposition to registration of patients affected with phthisis like the opposition to the registration of syphilis, is based upon pecuniary, that is property, reasons, and ethical reasons, and not upon the knowledge which would lead to the extinction or destruction of tuberculosis, that is, not upon the truth as we now know it. For everybody is liable to phthisis. There is no immunity. We know no predisposition peculiar to phthisis. Predisposition to phthisis is proximity to the sputum of phthisis.

Rules for the Government of the Library.

Adopted May 9th and 12th, 1892.

I. The Librarian or Assistant Librarian shall attend at the Library Rooms daily except Sunday and legal holidays, from 12 o'clock until 6 o'clock P. M., during which hours only, books and journals may be taken from the Library.

II. Each member of the Faculty, paying the annual dues, shall be entitled to take out at one time, four volumes duodecimo, two volumes octavo, one volume quarto, or one volume folio. This rule may be suspended by the written order of three members of the Library Committee.

III. City members retaining books longer than two *weeks* and county members longer than four weeks, shall be subject to the following *fines* per week, viz.: 10 cents for the first week, 20 cents for the second week, 30 cents for the third week, and 10 cents per week for every week thereafter. Such fines shall be appropriated exclusively for the benefit of the Library.

IV. No book shall be delivered to a member unless in person or to his written order. A member receiving a book shall be held responsible for it from the time of its delivery until its return to the Library.

V. A member not returning a book or books, belonging to the Library, within four weeks after the date of receiving them, shall be notified *by the Librarian* that he is incurring a fine; and if they be not returned within three months, in the absence of satisfactory reasons therefor, the Librarian shall recover them, or if they be lost, their value, in behalf of the Faculty; otherwise, the defaulting member shall forfeit the privileges of the Library, and shall be reported at the next annual convention of the Faculty, by the Library Committee. Should any book be injured or defaced while in the possession of a member, he shall be fined, at the discretion of the Library Committee, or, at his option, may furnish such a copy of the same work as shall be acceptable to the Committee.

VI. If any member, upon returning a book, shall find that there has been no application for it while in his possession, he may take it again for the time allowed in Rule III, but

may not take it out a third time until after the expiration of one week succeeding its return to the Library. New books may not be taken by members for more than one term of two weeks, until after the expiration of one additional week after their return.

VII. Members are not entitled to receive books from the Library until all arrearages for fines are paid. Fines may be remitted or reduced, for just and sufficient reasons, by the Library Committee.

VIII. The Librarian shall appropriately number and stamp the books, pamphlets and periodicals, and place them in proper order on the shelves. He shall obtain and keep a correct list of the members paying the annual dues. He shall record, in a book kept for the purpose, the names of members who receive books from the Library, the titles and sizes of the books, the time of their delivery and of their return. He shall continue the catalogue of the books, pamphlets, periodicals, etc.; keep an account of all moneys received by him for fines, contributions, sales, etc., which moneys he shall pay into the hands of the Chairman of the Library Committee on the last week day of each month. He shall report during the last week in March of each year to the Library Committee, a statement of such donations of money or of books as may have been made to the Library, with the names of the donors, as well as of such books, pamphlets, periodicals, or other valuable matter as may have come into the possession of the Library by purchase, exchange, or otherwise. He shall keep a record of all books, periodicals, etc., upon the subscription list of the Library Committee, shall keep due record of their receipt at the proper time, and shall report to the Library Committee the non-receipt of any when over-due. He shall keep on file applications for such books as may have been let out of the Library; and may make any suggestions to the Committee he may deem necessary.

IX. Under no circumstances will members be permitted to remove new books, new journals, or other recently received matter, before such time as the Library Committee shall determine.

X. Scarce and valuable books, the loss of which it would be difficult to replace, shall not be removed from the Library rooms without the approbation of two members of the Library Committee.

XI. The Librarian is empowered to sell or exchange duplicate books, journals, etc., upon such terms as may appear advantageous, upon the approval of the Library Committee.

Resolutions, Amendments, &c., affecting the Constitution, from 1885 to 1894, inclusive.

May 16th, 1885, By Dr. J. Edwin Michael. Changing the word *gentlemen* to the word person in Article IV, Sec. 1, of the Constitution, and changing phraseology throughout to correspond.

May 16th, 1885, By Dr. E. Cordell. Changing Article IX of the Constitution to read "The Annual Meetings of the Faculty shall be held in the City of Baltimore on the fourth Tuesday in April, or at such date as the Executive Committee, with the concurrence of the President, shall appoint. A Semi-Annual Meeting may be held at such time and place as the Executive Committee may designate."

May 1st, 1886, By Dr. G. Lane Taneyhill. Article VIII, of the Constitution, to read, "All resignations must be sent to the Corresponding Secretary, and can be accepted only by the Faculty, at any meeting except a memorial meeting."

May 1st, 1886, By Dr. G. Lane Taneyhill. "That the Corresponding Secretary, in giving notice of an Annual Meeting, shall do so at least two weeks before the date of such meeting."

April 29th, 1887, By Dr. John R. Quinan. Article III, Section 5 of the Constitution to read as follows between the words "referred to them" and "shall present:" He shall notify all members, by circular or otherwise, of the time and place of each meeting, and, if it be an annual one, he shall issue such notice at least two weeks before said Annual Meeting.

April 27th, 1888, By the Secretary. *Resolved*, That the Treasurer is hereby instructed, annually, until otherwise ordered, to mail on April 1st, a printed statement of indebtedness to all members who are delinquent, stating the year of delinquency, and informing such members that by the

Constitution, unless payment be made before the fourth Tuesday of April, they are temporarily deprived of the privileges of the Faculty, among which are voting, eligibility to office, and appointment on Standing Committees, Sections, or as Delegates to any Convention.

Resolved, That the Treasurer is hereby instructed, annually, until otherwise ordered, to hand up to the presiding officer at the adjournment of the third day's session, a revised list of delinquents, resignations, deaths, and dropped for non payment of dues of members, in order that the President may be enabled to complete a proper list of appointees for the ensuing year.

April 27th, 1889, By Dr. Chas. H. Jones, on motion to adopt the report of the Committee on Increasing Membership. "Change Art. X of the Constitution, making dues from city members after the fourth Tuesday in April, 1890, $5.00, and those of county members $2.00. Also change the phraseology of Sec. 1, Art. IV, to read five instead of eight."

April 27th, 1889, By Dr. Randolph Winslow. Change Sec. 2, Art. VI, to allow the publication of papers read before the Faculty elsewhere than in the Transactions, provided they have not been read previously before any medical society, and that such publication take place after they have been read before the Faculty.

April 25th, 1890, The following "Rules" offered by Dr. B. B. Browne, Chairman of the Library Committee, were adopted. "City members retaining books longer than two weeks, and county members longer than four weeks, shall be subject to the following fines, per week, viz.: 10 cents for the first week, 20 cents for the second week, 30 cents for the third week, and 20 cents per week for each week thereafter. Such fines shall be appropriated exclusively for the benefit of the Library.

April 24th, 1890, On motion of Dr. B. B. Browne. *Resolved*, That at the Annual Convention, *an executive session* be held on Wednesday, the second day of the Convention,

at 8 P. M. That at this meeting the reports of all the Committees shall be read, miscellaneous business shall be considered, and the election of officers take place.

April 29th, 1891, By Dr. J. C. Hemmeter. The *titles* of all reports and papers must be sent to the Recording Secretary *at least one week before* the opening of the meeting at which it is desired to read the paper.

April 23rd, 1891, By the Library Committee. *Resolved*, That the sum appropriated by the Faculty for the use of the Library be disbursed to the Chairman of the Library Committee in equal payments, the first to be made on or before May 10th, the second on or before August 15th, the third on or before January 15th, and the fourth on or before April 15th, of each year.

April 27th, 1892, By the Library Committee. *Resolved*, That *one-half* of all the *initiation fees* and *annual dues* be paid to the Library instead of five-eighths of the dues from city and two-thirds of dues from county members, as at present.

April 27th, 1892, By Dr. Hiram Woods. The Chairman of each Section shall select some member of the Faculty to open the discussion upon one of the papers to be read by his Section. He shall send to the Recording Secretary the name of the one selected when he sends the titles of papers to be presented by his Section.

April 26th, 1893, By Dr. Wm. H. Welch. *Ordered*, that the Recording Secretary assist the Chairmen of the Examining Boards to prepare and issue the diplomas of membership, it being already his duty to affix the seal to the diplomas.

April 26th, 1893, By Executive Committee:

In Article V, Section 1, of Constitution, omit the words "and Sections"—and all that follows after the words "Committee on Ethics," insert "Committee on Programme" after "Committee on Ethics."

Omit the word Section or Sections (when used to designate Section on Surgery, Section on Practice of Medicine, etc., as enumerated in Article V, Section 1,) from Article III, Sections 1, 3, 5, 7, Article V, Section 2, and change the phraseology to correspond to these omissions. Omit the last paragraph beginning "each section," etc., in Article V, Section 2. Change Article III, Section 1, paragraph 2, to read thus: He shall call a special meeting at such times as the interests of the Faculty may require.

In Article VI, after Section 5, introduce the following: "Section 6." *The Committee on Programme* shall procure papers to be read at the Annual and Semi-Annual Meetings of the Faculty.

Make membership of Executive Committee 7 instead of 6, including Recording Secretary and Treasurer *ex-officio* members of this Committee.

Under *By-Laws*, Section 1, omit "13, Report of Sections, in order of appointment," in the following line omit the word "Volunteer," and in order "18, announcement of Committees, Sections, etc.," omit the word "Sections."

In amendments of April 27, 1888, by the Secretary, omit the word "Sections."

Introduce motion limiting time for reading papers (with exception of the general addresses) to 20 minutes.

Report of Committee on Revision of the Fee Table.

Medical Practice.

First Visit in any Case of Sickness,	$2 to	$5
Each Subsequent Visit,	2 to	5
First Consultation Visit,	5 to	20
Each Subsequent Consultation Visit,	2 to	10
Single Visit and Advice and Special cases where the Physician is not the regular attendant,	5 to	10

Distant Visits, for every mile over 2 miles in addition to usual charge (night visits double),	$ 1 to	$ 3
Night Visits (between 10 P. M. and 7 A. M.),	5 to	10
Detention with patient all night,	10 to	50
In case of several patients in one family charge the visit to one, and to the others, each one-half the amount charged to the first.		
Advice at Physician's office (night double),	1 to	10
Advice anywhere except at office,	1 to	10

SURGICAL PRACTICE.

Amputation of large Limbs,	100 to	1000
" " Toes or Fingers,	10 to	100
" through Tarsal or Metatarsal, and Carpal or Metacarpal Bones,	25 to	150
" of Penis,	25 to	100
Resection or Excision of large Joints,	100 to	500
Reduction of Dislocations,	10 to	250
Treatment of Fracture of Bones,	10 to	500
Tentomy,	10 to	100
Important Operations on the Eye,	50 to	1000
Minor " "	10 to	50
Extirpation of Tumor,	10 to	1000
" Testicle,	50 to	100
Using Stomach Pump in case of Poisoning,	10 to	100
Excising Tonsils or Uvula,	10 to	50
Dressing recent Wounds,	2 to	10
Each subsequent dressing, in addition to visit,	2 to	5
Tying large arteries,	25 to	100
Paracentesis,	25 to	150
Tracheotomy,	25 to	250
Lithotomy or Lithotripsy,	100 to	500
Introduction of Catheter or Bougie,	5 to	20
Vaccination,	2 to	5
Reduction of Hernia (by taxis),	25 to	100
Operation for strangulated Hernia,	50 to	500
Intubation,	25 to	100

Venesection,	$ 10 to $ 25
Laparotomy,	100 to 1000
Extirpation of Mammary Gland,	50 to 100
Curetting Uterus,	25 to 150
Plastic Operation,	50 to 250
Trephining,	50 to 250
Operation for Hare Lip,	50 to 150
" Aneurism,	50 to 1000
" Necrosis or Exostosis,	50 to 250
" Hydrocele,	10 to 50
" Hemorrhoids,	25 to 250
" Imperforate anus or vagina,	25 to 250
" Fistula in ano or perineo,	25 to 100
" Recto Vaginal or Vesico vaginal Fistula,	50 to 500
" Phimosis or Paraphimosis,	5 to 20
" Stricture of Urethra,	50 to 250
Evulsion of Nail on Finger or Toe,	5 to 25
Opening Abscess,	2 to 10

Obstetrical Practice.

Ordinary case of Midwifery,	20 to 100
Preternatural "	50 to 250
Extracting Placenta alone,	10 to 25
Miscarriage (same as ordinary case of Midwifery),	20 to 100
Examination, per Vaginam,	5 to 10

Miscellaneous.

Microscopical or chemical examination of Blood, Sputum, Urine or other secretions,	5 to 50
Administering anaesthetic,	5 to 10
Application of Electricity,	3 to 5
Gonorrhœa or Syphilis (in advance),	15 to 250
Written opinion as to health of patient,	5 to 25
Oral " " "	5 to 10
Opinion involving a question of law,	50 to 150
Examination for Life Insurance,	2 to 10

Family Physician's Certificate for Life Insurance	$ 5 to	$ 10
Certificate of Cause of Death " "		10
Post-mortem examination for Legal investigation, ...	100 to	200
Post-mortem examination for the family, . .	25 to	50

All services not herein specified to be rated in accordance with the above scale of charges.

I. The foregoing table contains the STANDARD FEES of the medical profession of Baltimore. All bills should be rendered in conformity with the above fee table. They may be increased, according to the judgment of the practitioner concerned, in all cases of extraordinary detention or attendance; also, in proportion to the importance of the case, the responsibility attached to it, and the services rendered, when these are extraordinary. They may be *diminished* at the discretion of the physician, when he believes the patient cannot afford to pay the regular fees and yet is able to make some compensation. It shall be considered, however, *unprofessional* to diminish the standard fees with a view to mercenary competition.

II. It is not designed by these regulations to prevent gratuitous service to those who are incapable of making remuneration without distressing themselves or families.

III. It is expressly enjoined on the members of the profession to decline all offers of a specific fee for attendance during any given period of time, as a measure unequal and often unjust in its action on one or the other of the parties, and as derogatory to the character and dignity of the medical profession.

IV. Every physician should present his account immediately after ceasing his attendance in any given attack of sickness, especially in all cases of surgery or midwifery.

V. It is desirable that consultation fees should be collected at each visit.

LIST OF PRESIDENTS--1799-1894.

Upton Scott—1799-1801.
Philip Thomas—1801-15.
Ennals Martin—1815-20.
Robert Moore—1820-26.
Robert Goldsborough—1826-36.
Maxwell McDowell—1836-41.
Joel Hopkins—1841-48.
Richard S. Steuert—1848-51.
William W. Handy—1851-52.
Michael S. Baer—1852-53.
John L. Yates—1853-54.
John Fonerden—1854-55.
Jacob Baer—1855-56.
Christopher C. Cox—1856-57.
Joshua I. Cohen—1857-58.
Joel Hopkins—1858-59.
Geo. C. M. Roberts—1859-70.
John R. W. Dunbar—1870-70.
Nathan R. Smith—1870-72.
P. C. Williams—1872-73.
Charles H. Ohr—1873-74.
Henry M. Wilson—1874-75.
John F. Monmonier—1875-76.
Christopher Johnston—1876-77.
Abram B. Arnold—1877-78.
Samuel P. Smith—1878-79.
Samuel C. Chew—1879-80.
H. P. C. Wilson—1880-81.
Frank Donaldson—1881-82.
William M. Kemp—1882-83.
Richard McSherry—1883-84.
Thomas S. Latimer—1884-85.
John R. Quinan—1885-86.
Geo. W. Miltenberger—1886-87.
I. Edmondson Atkinson—1887-88.
John Morris—1888-89.
Aaron Friedenwald—1889-90.
Thomas A. Ashby—1890-91.
Wm. H. Welch—1891-92.
L. McLane Tiffany—1892-93.
George H. Rohe—1893-94.
Robert W. Johnson—1894-95.

ACTIVE MEMBERS.

1894.

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*Deceased during the year.
†Three years in arrears for dues, and will hereafter be dropped.

Anderson, Chas. L. G., Hagerstown, Md.
Anderson, Edward, Rockville, Md.
Andre, J. Ridgeway, 1123 E. Baltimore Street, Baltimore.
Applegarth, Edward Carey, 1511 W. Fayette Street, Baltimore.
Archer, W. S., Belair, Md.
Arohnson, Abram, 1601 Linden Avenue, Baltimore.
Ashby, Thos. A., 1125 Madison Avenue, Baltimore.
Atkinson, G. T., Crisfield, Md.
Atkinson, I. E., 605 Cathedral Street, Baltimore.
Baldwin, Ed. C., 304 N. Exeter Street, Baltimore.
Barnes, Wm. M., 1525 W. Lanvale Street, Baltimore.
Batchelor, Kemp B., 1807 N. Charles Street, Baltimore.
Bateman, J. M. H., Easton, Md.
Bates, J. W. P., 1020 E. Baltimore Street, Baltimore.
Baxley, Hy. M., 1530 Madison Avenue, Baltimore.
Beckley, E. L., Middletown, Md.
Belt, Alfred M., 1010 Cathedral Street, Baltimore.
Belt, S. J., 314 N. Exeter Street, Baltimore.
Benham, Chas. Hy., Girdletree, Md.
Bennett, Jas. Bates, 253 S. Broadway, Baltimore.
Benson, B. R., Cockeysville, Md.
Benson, Jas. Ed., Cockeysville, Md.
Berkley, Harry J., 1303 Park Avenue, Baltimore.
Bernstein, Ed. J., 800 Madison Avenue, Baltimore.
Bevan, C. Fred., 807 Cathedral Street, Baltimore.
Biedler, H. H., 119 W. Saratoga Street, Baltimore.
Billingslea, M. B., 1206 E. Preston Street, Baltimore.
Birnie, Clotworthy, Taneytown, Md.
Bishop, E. Tracy, Smithsburg, Md.
Blaisdell, W. S., Punxsutawney, Pa.
Blake, Jno. D., 602 S. Paca Street, Baltimore.
Bloodgood, J. C., John's Hopkins Hospital, Baltimore.
Blum, Joseph, 641 Columbia Avenue, Baltimore.

Bond, A. Kerr, 311 W. Biddle Street, Baltimore.
Bond, S. B., 1830 Madison Avenue, Baltimore.
Bolton, Jno. H., 1201 N. Broadway, Baltimore.
Booker, W. D., 851 Park Avenue, Baltimore.
Bordley, Jas., Centreville, Md.
Bosley, Jas., 1100 W. Lanvale Street, Baltimore.
Branham, J. H., 538 N. Arlington Avenue, Baltimore.
Brawner, J. B., Emmittsburg, Md.
Brayshaw, Thos. H., Glen Birnie, Md.
Bressler, Frank C., 1713 Bank Street, Baltimore.
Brinton, Wilmer, S. W. Calvert and Preston Streets, Baltimore.
Briscoe, Philip, Port Republic, Md.
Bromwell, J. E., Mt. Airy, Md.
Brown, Jas., 131 W. Lanvale Street, Baltimore.
Browne, B. B. 1218 Madison Avenue, Baltimore.
Brush, Ed. N., Shepherd Asylum, Towson, Md.
Buckler, Thos. H., 6 E. Centre Street, Baltimore.
Buddenbohn, C. L., 602 S. Paca Street, Baltimore.
Burch, Wm. B., 509 Hanover Street, Baltimore.
Campbell, W. H. H., Owing's Mills, Md.
Canfield, Wm. B., 1010 N. Charles Street, Baltimore.
Carr, M. A. R. F., Cumberland, Md.
Carter, Merville H., 1800 W. Baltimore Street, Baltimore.
Cathell, D. W., 1308 N. Charles Street, Baltimore.
Cathell, W. T., 1308 N. Charles Street, Baltimore.
Chabbot, G. H., 1111 E. Preston Street, Baltimore.
Chambers, John W., 18 W. Franklin Street, Baltimore.
Chamberlaine, J. E. M., Easton, Md.
Chapman, Pierson, Perrymans, Md.
Chatard, Ferd. E., 576 Park Avenue, Baltimore.
Chew, Samuel C., 215 W. Lanvale Street, Baltimore.
Chisolm, Frank M., 114 W. Franklin Street, Baltimore.
Chisolm, Julian J., 114 W. Franklin Street, Baltimore.
Christian, J. H., 1801 Madison Avenue, Baltimore.
Chunn, W. P., 1023 Madison Avenue, Baltimore.
Claggett, J. E., 108 S. Eutaw Street, Baltimore.
Clarke, W. B., South Baltimore, Md.
Clarke, Jos. Clement, Federalsburg, Md.
Clewell, A. A., 1741 Harford Avenue, Baltimore.
Cone, Claribel, 1607 Eutaw Place, Baltimore.
Conrad, John S., St. Denis P. O., Md.
Conradi, L. E., 12 W. Oliver Street, Baltimore.
Cooke, Theodore, Sr., 910 N. Charles Street, Baltimore.
Cooke, Theodore, Jr., 910 N. Charles Street, Baltimore.
Cooper, James, 1353 Hull Street, Baltimore.

ACTIVE MEMBERS.

1894.

---

*Deceased during the year.
†Three years in arrears for dues, and will hereafter be dropped.

Anderson, Chas. L. G., Hagerstown, Md.
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Andre, J. Ridgeway, 1123 E. Baltimore Street, Baltimore.
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Atkinson, G. T., Crisfield, Md.
Atkinson, I. E., 605 Cathedral Street, Baltimore.
Baldwin, Ed. C., 304 N. Exeter Street, Baltimore.
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Batchelor, Kemp B., 1807 N. Charles Street, Baltimore.
Bateman, J. M. H., Easton, Md.
Bates, J. W. P., 1020 E. Baltimore Street, Baltimore.
Baxley, Hy. M., 1530 Madison Avenue, Baltimore.
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Belt, Alfred M., 1010 Cathedral Street, Baltimore.
Belt, S. J., 314 N. Exeter Street, Baltimore.
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Benson, Jas. Ed., Cockeysville, Md.
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Bernstein, Ed. J., 800 Madison Avenue, Baltimore.
Bevan, C. Fred., 807 Cathedral Street, Baltimore.
Biedler, H. H., 119 W. Saratoga Street, Baltimore.
Billingslea, M. B., 1206 E. Preston Street, Baltimore.
Birnie, Clotworthy, Taneytown, Md.
Bishop, E. Tracy, Smithsburg, Md.
Blaisdell, W. S., Punxsutawney, Pa.
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Booker, W. D., 851 Park Avenue, Baltimore.
Bordley, Jas., Centreville, Md.
Bosley, Jas., 1100 W. Lanvale Street, Baltimore.
Branham, J. H., 538 N. Arlington Avenue, Baltimore.
Brawner, J. B., Emmittsburg, Md.
Brayshaw, Thos. H., Glen Birnie, Md.
Bressler, Frank C., 1713 Bank Street, Baltimore.
Brinton, Wilmer, S. W. Calvert and Preston Streets, Baltimore.
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Browne, B. B. 1218 Madison Avenue, Baltimore.
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Buckler, Thos. H., 6 E. Centre Street, Baltimore.
Buddenbohn, C. L., 602 S. Paca Street, Baltimore.
Burch, Wm. B., 509 Hanover Street, Baltimore.
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Carter, Merville H., 1800 W. Baltimore Street, Baltimore.
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Cathell, W. T., 1308 N. Charles Street, Baltimore.
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Chapman, Pierson, Perrymans, Md.
Chatard, Ferd. E., 576 Park Avenue, Baltimore.
Chew, Samuel C., 215 W. Lanvale Street, Baltimore.
Chisolm, Frank M., 114 W. Franklin Street, Baltimore.
Chisolm, Julian J., 114 W. Franklin Street, Baltimore.
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Chunn, W. P., 1023 Madison Avenue, Baltimore.
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Clarke, Jos. Clement, Federalsburg, Md.
Clewell, A. A., 1741 Harford Avenue, Baltimore.
Cone, Claribel, 1607 Eutaw Place, Baltimore.
Conrad, John S., St. Denis P. O., Md.
Conradi, L. E., 12 W. Oliver Street, Baltimore.
Cooke, Theodore, Sr., 910 N. Charles Street, Baltimore.
Cooke, Theodore, Jr., 910 N. Charles Street, Baltimore.
Cooper, James, 1353 Hull Street, Baltimore.

Harris, John C., 773 W. Lexington Street, Baltimore.
Hart, J. B., Waverly Station, Baltimore.
Hartman, Geo. A., 1121 N. Caroline Street, Baltimore.
Hartman, Jacob H., 5 W. Franklin Street, Baltimore.
Hayden, H. H., City Hospital, Baltimore.
Heldman, J. A., 254 Pearl Street, Baltimore.
Hemmeter, John C., 1734 Linden Avenue, Baltimore.
Henkel, Chas. B., Annapolis, Md.
Herman, H. S., Hagerstown, Md.
Hill, Chas. G., Arlington, Md.
Hines, W. F., Charlestown, Md.
Hocking, Geo. H., Mt. Savage, Md.
Hocking, John W., Govanstown, Md.
Hoen, Adolph G., 713 York Road, Baltimore.
Hogden, Alex. L., 1235 W. Lafayette Avenue, Baltimore.
Hooper, M. L., 1327 Hanover Street, Baltimore.
Hopkins, Howard H., New Market, Md.
Hopkinson, B. M., 1825 N. Calvert Street, Baltimore.
Horn, August, 697 W. Mulberry Street, Baltimore.
Horn, Louis C., 697 W. Mulberry Street, Baltimore.
Howard, W. T., 14 Mt. Vernon Place, Baltimore.
Howard, W. T., Jr., 14 Mt. Vernon Place, Baltimore.
Howard, Wm. Lee, 1126 N. Calvert Street, Baltimore.
Hundley, J. M., 1002 Edmondson Avenue, Baltimore.
Humrichouse, J. W., Hagerstown, Md.
Hurd, H. M., Johns Hopkins Hospital, Baltimore.
Hyde, E. W., Parkton, Md.
Hyland, H. A., 1526 N. Broadway, Baltimore.
Iglehart, J. D., 1214 Linden Avenue, Baltimore.
Ingle, J. L., 1007 W. Lanvale Street, Baltimore.
Ireland, D. C., 1420 E. Chase Street, Baltimore.
Irons, E. P., 1835 E. Baltimore Street, Baltimore.
Jacobs, C. C., Frostburg, Md.
Jacobs, J. K. H., Kennedysville, Md.
Jacobs, H. Barton, 6 W. Read Street, Baltimore.
Jamar, J. H., Elkton, Md.
Jarrett, H. S., Towson, Md.
Jay, John G., 212 W. Franklin Street, Baltimore.
Jenkins, Felix, 400 Cathedral Street, Baltimore.
Jewett, F. C., 1224 E. Baltimore Street, Baltimore.
Johnson, Robert W., 101 W. Franklin Street, Baltimore.
Johnston, Samuel, 204 W. Monument Staeet, Baltimore.
Jones, Chas. Hyland, 1083 W. Fayette Street; Baltimore.
Jones, C. Hampson, 211 W. Franklin Street, Baltimore.
Jones, E. E., Pennsylvania and Wylie Avenues, Baltimore.
Jones, John J., Frostburg, Md.
Judkins, Eugene H., Wiscassett, Maine.

Keane, S. A., 1520 Druid Hill Avenue, Baltimore.
Keller, Josiah G., 222 W. Monument Street, Baltimore.
Kelly, Howard A., 905 N. Charles Street, Baltimore.
Kemp, H. M., 1709 E. Eager Street, Baltimore.
Kemp, W. F. A., 305 N. Greene Street, Baltimore.
Kennedy, S. D., Annapolis, Md.
Kennedy, J. H., Aberdeen, Md.
Kierle, N. G., 1419 W. Lexington Street, Baltimore.
King, J. T., 640 N. Carrollton Avenue, Baltimore.
Knight, Louis W., 414 N. Greene Street, Baltimore.
Kremein, John D., 667 W. Lexington Street, Baltimore.
Krozer, John J. R., 662 W. Lexington Street, Baltimore.
Kuhn, Anna L., 1435 Light Street, Baltimore.
Latimer, Thos. S., 103 W. Monument Street, Baltimore.
Leatherman, Marshall E., Mechanicstown, Md.
Lewis, John Latam, Kensington, Md.
Lewis, Wm. M., 1209 Presstman, Street, Baltimore.
Lee, Wm., 334 N. Charles Street, Baltimore.
Likes, Sylvan, Bay View, Baltimore.
Link, Ferd. C., 1103 N. Stricker Street, Baltimore.
Linthicum, Thos. Waters, Savage, Md.
Lockwood, W. F., 201 W. Madison Street, Baltimore.
Lord, Jerry A., 825 N. Arlington Avenue, Baltimore.
Lumpkin, T. M., 640 W. Barre Street, Baltimore.
Mace, S. Veris, Rossville, Md.
Macgill, Chas. G. W., Catonsville, Md.
Macgill, Jas. Chas., Catonsville, Md.
Mackenzie, E. E., 324 W. Biddle Street, Baltimore.
Mackenzie, John M , 605 N. Charles Street, Baltimore.
Magruder, W. E., Olney, Md.
Mann, A. H., Jr., 934 Madison Avenue, Baltimore.
Mansfield, Arthur D., 327 N. Charles Street, Baltimore.
Mansfield, R. W., 129 S. Broadway, Baltimore.
Martin, Frank, 1009 Cathedral Street, Baltimore.
Martin, J. S., Brookeville, Md.
Martinet, J. F., 1441 N. Gay Street, Baltimore.
Marsh, W. H., Solomons Island, Md.
Mason, A. S., Hagerstown, Md.
Maxwell, W. S., Still Pond, Md,
McCleary, Standish, City Hospital, Baltimore.
McComas, H. A., Oakland, Md.
McComas, Josiah L., Oakland, Md.
McConachie, A. D., 307 N. Charles Street, Baltimore.
McCormick, Jas. L., Trappe, Md.
McCormick, Thos. P., 1529 Eutaw Place, Baltimore.

McDowell, Chas. C., 1521 W. Fayette Street, Baltimore.
McDevitt, Ed. P., 208 Aisquith Street, Baltimore.
McElfrisch, Chas. W., 854 W. Lombard Street, Baltimore.
McKnew, Wm. R., 1401 Linden Avenue, Baltimore.
McShane, James F., 2 S. Patterson Park Avenue, Baltimore.
McSherry, H. C., 612 N. Howard Street, Baltimore.
Merrick, Samuel K., 420 W. Biddle Street, Baltimore.
Meyer, C. H. A., 1019 N. Caroline Street, Baltimore.
Michael, J. Edwin, 201 W. Franklin Street, Baltimore.
Micheau, Ellis, 526 S. Sharp Street, Baltimore.
Miller, Casper O., Baltimore.
Miller, Wm. Preston, Hagerstown, Md.
Milliman, Thos. A., 1910 E. Oliver Street, Baltimore.
Miltenberger, Geo. W., 319 W. Monument Street, Baltimore.
Mitchell, Chas. H., 291 Chestnut Avenue, Hampden, Baltimore.
Mitchell, Chas. W., 937 Madison Avenue, Baltimore.
Mittnicht, J. W. H., 406 N. Exeter Street, Baltimore.
*Monmonier, John F., 824 N. Calvert Street, Baltimore.
Morgan, Wilbur P., 315 W. Monument Street, Baltimore.
Moran, Pedro DeSoto, 224 W. Hoffman Street, Baltimore.
Morris, John, 118 E. Franklin Street, Baltimore.
Morrison, Robert B., 827 St. Paul Street, Baltimore.
Mosley, Wm. E., 614 N. Howard Street, Baltimore.
Moyer, Frank G., 1119 E. Baltimore Street, Baltimore.
Muncaster, Steuart B., 1510 H Street, Washington, D. C.
Munoz, Ed. A., 735 Guilford Avenue, Baltimore.
Murdoch, Russell, 410 Cathedral Street, Baltimore.
Murdoch, Thos. P., 8 W. Read Street, Baltimore.
Murphy, F. P., 2307 York Road, Baltimore.
Neale, L. Ernest, 319 W. Monument Street, Baltimore.
Neff, John, 701 N. Carrollton Avenue, Baltimore.
Nihiser, Winton D. M., Keedysville, Md.
Nolan, Chas. F., 606 N. Charles Street, Baltimore.
Norment, R. B., Hampden, Md.
Norris, Amanda Taylor, 817 Harlem Avenue, Baltimore.
Norris, Milton D., Baltimore.
O'Donovan, Charles, 3 E. Read Street, Baltimore.
O'Donovan, J. H., 3 E. Read Street, Baltimore.
Ohle, H. C., 1203 W. Fayette Street, Baltimore.
Ohr, Chas. H., Cumberland, Md.
Opie, Thomas, 219 W. Monument Street, Baltimore.
Osler, Wm., 209 W. Monument Street, Baltimore.
Page, Isham R., 1206 Linden Avenue, Baltimore.
Pfeffer, Chas. W., 48 E. Montgomery Street, Baltimore.
Pickle, John U., 1312 Ashland Avenue, Baltimore.

Pillsbury, Wm. J., 713 York Road, Baltimore.
Piper, Jackson, Towson, Md.
Platt, Walter B., 802 Cathedral Street, Baltimore.
Preston, George J., 819 N. Charles Street, Baltimore.
Price, A. Baillie, Frostburg, Md.
Price, Thos. Carnes, Frostburg, Md.
Price, A. H., Monkton, Md.
Price, Jas. Marshall, Frostburg, Md.
Pritchard, Jas. E., 1010 Chesapeake Street, Baltimore.
Pole, A. C., 1202 Madison Avenue, Baltimore.
Pollock, H., 1112 Eutaw Place, Baltimore.
Porter, Alex. S., Lonaconing, Md.
Porter, Minor Gibson, Lonaconing, Md.
Powell, Alfred H., 212 W. Madison Street, Baltimore.
Parnell, T. B. R., Snow Hill, Md.
Ragan, O. H. W., Hagerstown, Md.
Randolph, R. L., 211 W. Madison Street, Baltimore.
Rasin, Robert C., 601 Lennox Street, Baltimore.
Rehberger, J. H., 1709 Alice Anne Street, Baltimore.
Reiche, P. H., 902 Gorsuch Avenue, Baltimore.
Reid, E. Miller, 910 N. Fremont Avenue, Baltimore.
Reinhard, G. A. Ferd., 220 W. Madison Street, Baltimore.
Rennolds, H. T., 2004 St. Paul Street, Baltimore.
Reynolds, Geo. B., 711 N. Calvert Street, Baltimore.
Ridgeley, Jas. L., Rockdale, Md.
Riggs, Geo. Henry, Ijamsville, Md.
Riley, Chas. H., 1113 Madison Avenue, Baltimore.
Robb, Hunter, 1418 Eutaw Place, Baltimore.
Robinson, J. H., 726 E. Preston Street, Baltimore.
Rogers, J. M. B., Clarksville, Md.
Rohe, Geo. H., Catonsville, Md.
Rosenthal, Melvin, Hebrew Hospital, Baltimore.
Rowe, Monmonier, Deale's Island, Md,
Rowland. J. M. H., Madison and Linden Avenues, Baltimore.
Rusk, G. G., 2000 E. Baltimore Street, Baltimore.
Sadtler, Chas. E., 2100 Druid Hill Avenue, Baltimore.
Salzer, H., 1623 John Street, Baltimore.
Sandrock, W. C., 1242 N. Broadway, Baltimore.
Sanger, Frank D., 18 W. Franklin Street, Baltimore.
Sappington, Thos., 1321 N. Calvert Street, Baltimore.
Sappington, Parnell F., Govanstown, Md.
Saunders, J. B., 819 E. Chase Street, Baltimore.
Schaefer, Ed. Morton, Lexington, Va.
Scheidt, Robt. P. C., 1458 Riverside Avenue, Baltimore.
Schindel, Ed. W., Hagerstown, Md.

Schumacher, C. R., 1800 Aisquith Street, Baltimore.
Schwatka, J. B., 1003 N. Broadway, Baltimore.
Schwatka, W. H., 2429 Lancaster Street, Baltimore.
Scott, J. McP., Hagerstown, Md.
Scott, Norman B., Hagerstown, Md.
Scott, Edward A., Galena, Md.
Seldner, Samuel W., 947 N. Caroline Street, Baltimore.
Sellman, W. A. B., 5 E. Biddle Street, Baltimore.
Shannon, Geo. C., 1442 Presstman Street, Baltimore.
Shanks, Abram, Clear Spring, Md.
Sherwood, Mary, "Arundel," 6 E. Centre Street, Baltimore.
Shippen, C. C., 603 N. Charles Street, Baltimore.
Simmons, Thos. W., Hagerstown, Md.
Skilling, W. Q., Lonaconing, Md.
Smart, L. Gibbons, Towson, Md.
Smith, Alan, 24 W. Franklin Street, Baltimore.
Smith, D. W., Woodberry Station, Baltimore.
Smith, E. A., 2505 Pennsylvania Avenue, Baltimore.
Smith, Franklin B., Frederick, Md.
Smith, Jos. T., 1010 Madison Avenue, Baltimore.
Smith, N. Ryno, 604 St. Paul Street, Baltimore.
Smith, W. F., 1404 Druid Hill Avenue, Baltimore.
Smith, R. Percy, Sunny Brook, Md.
Smith, J. Holmes, 525 N. Howard Street, Baltimore.
Smith, Wm. S., 422 Hanover Street, Baltimore.
Spear, J. M., Cumberland, Md.
Spicer, Hiram L., 855 W. Lombard Street, Baltimore.
Spicknall, John T., 14 N. Patterson Park Avenue, Baltimore.
Stille, Clifford M., Cordova, Md.
Steuart, James A., 1611 John Street, Baltimore.
Steuart, Cacilino C., 120 W. 23d Street, Baltimore.
Stevens, James A., Oxford, Md.
Stier, J. Hugh, Perryman's, Md.
Streett, David, 403 N. Exeter Street, Baltimore.
Stonestreet, James H., Barnesville, Md.
Tall, R. J. H., 524 S. Sharp Street, Baltimore.
Taneyhill, G. Lane, 1103 Madison Avenue, Baltimore.
Taylor, Geo. F., 1254 N. Broadway, Baltimore,
Teackle, St. Geo. W., 702 Park Avenue, Baltimore.
Thayer, W. S., Johns Hopkins Hospital, Baltimore.
Theobald, Samuel, 304 W. Monument Street, Baltimore.
Thomas, George, 921 N. Charles Street, Baltimore.
Thomas, H. B., 1701 Guilford Avenue, Baltimore.
Thomas, H. M., 1328 Madison Avenue, Baltimore.
Thomas, Jas. Carey, 1328 Madison Avenue, Baltimore.

Thomas, R. H., 236 W. Lanvale Street, Baltimore.
Thompson, A. W., 1514 Division Street, Baltimore.
Thompson, W. H., 526 St. Paul Street, Baltimore.
Tiffany, L. McLane, 831 Park Avenue, Baltimore.
Todd, W. F., Mt. Washington, Md.
Townsend, W. Guy, 1918 N. Charles Street, Baltimore.
Trimble, I. R., 214 W. Franklin Street, Baltimore.
Trippe, Edward R., Easton, Md.
Turner, B. A., Owings Mills, Md.
Uhler, John R., 601 W. Fayette Street, Baltimore.
Ullman, Solomon J., 1325 Linden Avenue, Baltimore.
Van Bibber, Claude, 805 N. Charles Street, Baltimore.
Van Ness, Eugene McE., 1514 Park Avenue, Baltimore.
Van Marter, J. George, Rome, Italy.
Virdin, W. W., Lapidum, Md.
Wade, J. Percy, Catonsville, Md.
Wagner, Frank E.,
Walter, R. Milton, Bay View, Baltimore.
Waltemeyer, J. Tassey, Alberton, Md.
Warfield, Mactier, 412 Cathedral Street, Baltimore.
Warfield, Ridgely B., 214 W. Franklin Street, Baltimore.
Warner, A. S., 1120 Highland Avenue, Belt, Baltimore.
Waters, Edward G., 1429 McCulloh Street, Baltimore.
Wattenscheidt, Charles, N Fulton Avenue, Baltimore.
Watson, A. G., 1301 N. Central Avenue, Baltimore.
Weggeforth, Arthur, 805 Aisquith Street, Baltimore.
Welch, W. H., 935 St. Paul Street, Baltimore.
Welch, E. Giddings, 116 W. Mulberry Street, Baltimore.
White, W. W., 1101 N. Broadway, Baltimore.
Whiteford, Jas. E., 819 Aisquith Street, Baltimore.
Whitehead, Alfred, 6 S. Exeter Street, Baltimore.
Whitridge, Wm., 827 N. Charles Street, Baltimore.
Wiegand, W. E., 2023 Druid Hill Avenue, Baltimore.
Williams, Arthur, Elkridge, Md.
Williams, J. Whitridge, 23 W. Chase Street, Baltimore.
Williams, Philip C., 1128 Cathedral Street, Baltimore.
Williams, Thos. H., Cambridge, Md.
Williams, Elijah, Armiger, Md.
Willing, Jas. E., 508 N. Fremont Avenue, Baltimore.
Wilkens, George L., 226 S. Broadway, Baltimore.
Wilson, H. M., 1008 Madison Avenue, Baltimore.
Wilson, H. P. C., 814 Park Avenue, Baltimore.
Wilson, Robt. T., 820 Park Avenue, Baltimore.
Wilson, J. Jones, Cumberland, Md.
Wilson, L. Ridgely, 1729 W. Lombard Street, Baltimore.

Wiltshire, Jas. G., 714 N. Howard Street, Baltimore.
Windsor, Samuel J., James Quarter, Md.
Winsey, Whitfield, 1220 E. Fayette Street, Baltimore.
Winslow, John R., 924 McCulloh Street, Baltimore.
Winslow, Randolph, 1900 Mt. Royal Terrace, Baltimore.
Winternitz, Louis C., 25 S. Eden Street, Baltimore.
Winterson, Chas. R., Elkridge, Md.
Wise, Edward M., 706 N. Howard Street, Baltimore.
Woods, Hiram, Jr., 816 Park Avenue, Baltimore.
Woods, P. Bryson, 10 W. Hamilton Street, Baltimore.
Worthington, T. Chew, 840 W. Fayette Street, Baltimore.
Wootten, W. F., Frederick City, Md.
Wunder, Jos. C., 1075 W. Fayette Street, Baltimore.
Wyse, W. P. E., Pikesville, Md.
Ziegler, Chas. B., 920 N. Broadway, Baltimore.

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Martin, H. Newell, M. D., London, Eng.
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Pepper, William, M. D., Philadelphia, Pa.
Toner, Joseph M., M. D., Washington, D. C.
Whittaker, James T., M. D., Cincinnati, Ohio.

TRANSACTIONS

—OF THE—

MEDICAL AND CHIRURGICAL FACULTY

—OF THE—

STATE OF MARYLAND,

Ninety-Seventh Annual Session

—HELD AT—

BALTIMORE, MARYLAND, APRIL, 1895,

—ALSO—

Semi-Annual Session, Held at Cumberland, Md., Nov., 1894,

—AND—

Special Meetings in Baltimore, May 22nd, 1894,

and March 20th, 1895.

BALTIMORE:
PEARRE E. CROWL & CO., PRINTERS,
N. E. Cor. Light & Lombard Sts.,
1895.

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FOR THE YEAR 1895-96.

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DISCLAIMER. The Medical and Chirurgical Faculty of the State of Maryland, while formally accepting and publishing the reports of the various Sections and Volunteer Papers read at its sessions, *does not hold itself responsible* for the opinions, theories or criticisms therein contained.

TO AUTHORS. Contributors to any volume of the TRANSACTIONS are requested to observe the following: 1st., Write on one side of the paper only. 2d., Write without breaks, *i. e.*, do not begin a new sentence on a new line; when you want to begin a new paragraph, begin in the middle of the line. 3rd., Draw a line along the margin of such paragraphs as should be printed in smaller type—for instance, all that is clinical history in reports of cases, or that which is quoted, &c. 4th., Words to be printed in *italics* should be underscored once; in SMALL CAPITALS twice; in LARGE CAPITALS three times. 5th., Proofs sent for revision should be returned without delay; authors who contemplate a temporary absence from their regular residence any time during the summer, should notify the Recording Secretary, thus avoiding vexatious delays in the delivery of proof. 6th., Authors whose papers have been "accepted" by the Faculty and referred to the Publication Committee—such papers thus becoming the property of the Faculty—are expected to place the original or a verbatim printable copy on the desk of the Recording Secretary immediately after the reading of the same. 7th., The Publication Committee is instructed by the Faculty to publish no paper that has been read before a local medical society prior to the publication of the TRANSACTIONS of the Faculty. 8th., Alterations in manuscript should be limited to what is of essential importance, they are equivalent to resetting, and cause additional expense, such changes, if they exceed half a page of printed matter, as also all wood cuts, photographs and electrotypes, are invariably to be paid for by authors.

MEMBERSHIP. Applications for membership in the Medical and Chirurgical Faculty should be addressed to the Recording Secretary, Corresponding Secretary, Treasurer, or Chairman of the Examining Board, and should state name in full, post office address, where graduated in medicine, date of graduation, and by whom recommended. They must be accompanied by the *initiation fee* of five dollars: no membership dues are required for the first current year: a copy of the annual TRANSACTIONS is mailed gratuitously to each member. *Blank applications* for membership will be mailed to any address on application to the Recording Secretary or Treasurer.

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MINUTES
Of Special Meetings.

HALL OF THE FACULTY,
St. Paul and Saratoga Streets,
MAY 22ND, 1894.

The Faculty was called in Special Session by the President, Dr. Robert Johnson, at 1:15 P. M.

Dr. D. W. Cathell, Chairman of the Committee on the revision of the Fee Table made a report, which after being discussed by Drs. Craighill, Jones, Waters, Taneyhill, Brinton, Hampson Jones, Branham, Goldsmith and Steuart was amended and adopted.

Upon motion of Dr. Taneyhill the following were adopted:

Resolved.—1. That the Publication Committee be instructed to insert the Revised Fee Table in the TRANSACTIONS of 1894, just following the amendments to the Constitution.

Resolved.—2. That they have printed 500 copies of said Fee Table on Card-board.

Resolved.—3. That these Card-board copies be placed in the hands of the Librarian with instructions to give one copy only to each member of the society who may apply for the same, and that the Librarian keep an account of the distribution by checking the name of the recipient on the alphabetical list.

Resolved.—4. That the distribution of this Fee Table shall be limited absolutely to the members of the Medical and Chirurgical Faculty.

Dr. James A. Steuart moved the following, which was adopted: That a committee of three be appointed to memorialize the Representatives of this State in the United States Congress to urge upon Congress the importance of making the appropriation of the Surgeon General's Office, for the maintenance of the Library, not less than $10,000.

The Chair appointed as that Committee, Drs. Welch, Steuart and Tiffany.

Upon motion adjourned.

J. T. SMITH,
Recording Secretary.

HALL OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

Cor. St. Paul and Saratoga Streets,
BALTIMORE, May 23rd, 1894.

To the Senators and Representatives of the State of Maryland in Congress.

GENTLEMEN: The undersigned having been appointed at a special meeting of the Medical and Chirurgical Faculty of the State of Maryland (the State Medical Society), held May 22nd, 1894, a committee to memorialize the Senators and Representatives of this State in Congress in favor of retaining the regular annual appropriation of ten ($10,000) thousand dollars for the Library of the Surgeon General's Office in Washington, beg to submit the following resolutions:

Whereas, It is proposed to reduce the former annual appropriation for this Library from $10,000 to $7,000, such reduction, it is understood, having been voted by the House of Representatives;

Whereas, This Library has become an object of special interest and pride to the whole medical profession of the

country, it having by wise management and generous governmental support developed into one of the greatest medical libraries in the world (if not the greatest) and it being of the widest usefulness and benefit to physicians throughout this country, and especially so to those of this state by its ready accessibility,

Whereas, It is impossible to purchase all of the medical journals and books which are needed and in general to maintain the efficiency of this library upon an appropriation of less than $10,000,

Therefore Resolved, That we, in behalf of the Medical profession of this state, respectfully petition our Senators and Representatives in Congress to use their efforts to restore the former annual appropriation of $10,000.

Respectfully,

WILLIAM H. WELCH, M. D.,
JAMES A. STEUART, M. D.,
L. M. TIFFANY, M. D.,
Committee.

MINUTES.

Semi-Annual Meeting.

CUMBERLAND, MD.
Wednesday, November 21st, 1894.

Medical and Chirurgical Semi-Annual Meeting called to order at 10:15 A. M., by the President, Dr. Robert W. Johnson.

Dr. J. M. Spear welcomed the Society to Cumberland, followed with an address by Dr. R. Johnson.

First paper by Dr. H. Salzer, *Distension of the Stomach.*

Moved by Dr. Canfield that all members of the profession present, not members of the Faculty, be invited to take part in the discussion of this meeting. Seconded and adopted.

Drs. Osler, Preston and Schaeffer entered into the discussion of Dr. H. Salzer's paper.

Second paper by Dr. Robert L. Randolph, *Some suggestions as to the Treatment of Wounds Involving at the same time the Lens and the Ciliary Region.*

Third paper by Dr. H. Friedenwald, *Removing Particles of Steel from Interior of Eye with a Magnet.*

Fourth paper by Dr. W. H. Welch, *Remarks on Diagnosis and Treatment of Diphtheria.*

Remarks by Drs. Steuart, Atkinson and John McKenzie.

Dr Preston moved that Committee of Faculty be appointed to consider the feasibility of establishing a National and State Bacteriological Department. Adopted.

Dr. Welch thinks city should have a Bacteriological Laboratory and proposes that the committee exert its energy to secure it. Moved and carried.

Dr. Steuart moved that the thanks of the Society be extended to Dr. Welch and that he be requested to reduce his address to writing and send it to the members of the Faculty in the form of reprint.

Dr. Stephen Crowe extends to the members an invitation to visit.

Dr. Ashby moved to adjourn the Society until 3 P. M. Carried. Attendance 40.

Afternoon session of Semi-Annual Meeting of Medical and Chirurgical Faculty was called to order at 5 minutes past 3 by the President.

First paper read by Dr. W. J. Craigen, *Electricity in Gynaecology.*

Dr. Ashby gave any one privilege to read his paper who wished to go back to Baltimore to-night.

Dr. Thomas not being able to be present sent his paper on *Transillumination of the Accessory Nasal Cavities,* to be read by title.

Second paper read by Dr. Randolph Winslow, *Two Cases of Gastrostomy for Cicatricial Stenosis of Pharynx and Oesophagus.*

Third paper read by Dr. G. J. Preston, *Hysterical Pyrexia.* Remarks by Dr. Welch.

Fourth paper by Dr. Osler, *Chills as a Cause of Error in Diagnosis.* Remarks by Drs. Neff, H. Friedenwald, I. E. Atkinson, Morris, Carpenter, Preston and closed by Dr. Osler.

Fifth paper by Dr. I. E. Atkinson, *Bloodletting for the Relief of Overdistention of the Right Cavities of the Heart.* Remarks by Drs. Salzer, Steuart, Canfield, Preston and Craigen.

Drs. Welch, Atkinson and Preston, appointed Committee on Bacteriological Stations. Meeting adjourned at 5:02 P. M

W. G. TOWNSEND, M. D.,
Secretary pro tem.

Thursday, November 22nd, 1894.

Meeting called to order by the President, Dr. Johnson.

First paper by Dr. T. A. Ashby on *Treatment of Retro-displacements of the Uterus.* Discussed by Drs. Craigen and Schaeffer.

Second paper by Dr. R. W. Johnson on *Wandering Kidney with Report of a Case of Nephorrhaphy.* Discussed by Drs. Ashby and Ohr.

Third paper by Dr. Edward M. Schaeffer on *Some Observations on Use of Food as Medicine.* Discussed by Drs. E. N. Brush, Fort, Canfield, Carpenter and Ashby.

Fourth paper by Dr. E. N. Brush on *Insomnia.* Discussed by Dr. Schaeffer.

Fifth paper by Dr S. J. Fort.

Sixth paper by Dr. G. H. Carpenter on *Purpura Haemorrhagica.*

Seventh paper by Dr. W. B. Canfield on *Treatment of Pulmonary Consumption in Large Cities.*

Eighth paper by Dr. H. Friedenwald on *A Case of Necrosis of the Labyrynth with Demonstration of Specimen.*

Ninth paper by Dr. E. M. Shaeffer on *Dirty Air in Public Places.*"

Tenth paper by Dr. H. Friedenwald on *Spring Catarrh of the Conjunctiva.* Read by title.

The following was moved by Dr. Canfield, seconded by Dr. Ashby and responded to by Dr. Wilson of Cumberland:

Resolved, That the thanks of the Medical and Chirurgical Faculty be tendered to the medical profession of Cumberland and Alleghany county for their cordial

hospitality, to the Mayor and City Council of Cumberland for the use of its council chamber decorated and a credit to the city, and to the Baltimore and Ohio railroad for its courtesy in making special transportation arrangements. Carried.

Upon motion adjourned at 1:30 P. M.

H. FRIEDENWALD, M. D.,
Secretary pro tem.

PREAMBLE.

TO THE PRESIDENT AND MEMBERS OF THE MEDICAL-CHIRURGICAL FACULTY.

BALTIMORE, MARCH 8, 1895.

GENTLEMEN: The Committee on Permanent Location, appointed by your body, begs to submit the following report:

After most careful consideration, your Committee concludes that it would promote the best interests of the Faculty to secure a permanent home in a section of the city most accessible to the majority of its members. After a careful examination of a number of locations and houses, your Committee is of the opinion that house No. 839 North Eutaw Street is the most desirable and available property to be had for the use of the Faculty. This property is a three story dwelling house, fronting 25 feet on North Eutaw Street, with a lot extending back some 150 feet to Linden Avenue, on which is located a building which at present brings in a rental of $120 per annum. The house is in good condition, and at a small

expense can be altered to meet all the needs of the Faculty as a place of residence and as a Library. It is conveniently located with reference to car lines, and is in a neighborhood possessing many advantages for a Library building.

This property can be purchased *in fee* for the sum of *ten thousand dollars*, on which can be placed a mortgage of $7,500 at 4½ per cent. interest. To acquire the property an outlay of $3,000 is required, $2,500 as a cash payment on the property and $500 to cover expenses of remodelling, shelving, and moving the Library from its present quarters into the new home.

Your Committee suggests that $3,000 can be raised upon the notes of the Faculty upon the loan of $100 each by thirty members, the loan to run for a period of five to ten years at an interest charge of 5 per cent.

Your Committee is assured that a sufficient number of names can be secured to raise the amount. The expenses of the Faculty in its new home will not exceed its present annual expense, and the revenues of the Faculty, it is believed, will materially increase after the Faculty secures a desirable home.

To cover any possible contingency by way of increase of expense over receipts, and to provide a sinking fund for the payment of the debt made by the Faculty in the purchase of the property, your Committee recommends that the annual dues of the City members be increased from $5.00 to $6.00.

To provide for the proper management of the property acquired, your Committee recommends that a Board of ten Trustees be appointed by the President, in whom the management and disposal of the property shall be vested, the first Board to draw lots as to terms of office, the shortest term being one year and the longest being ten years, the Board being so arranged that one member shall retire annually and one be elected annually by the

Faculty, said Board to have authority to fill vacancies from death or resignation whenever such vacancies occur.

It is the opinion of your Committee that the plan now proposed can be carried into successful operation; that it will give the Faculty a most desirable and permanent home, conveniently located; that it will reduce the the annual expense now incurred in the conduct of the Faculty in rented quarters; that it will promote the growth and development of the Library and of the Nurses' Directory; that it will stimulate pride and interest in the Faculty, by enlarging its work of usefulness; and lastly, that it will give the profession of this City and State a permanent home, where all can enjoy the privileges and advantages of cordial professional co-operation.

Your Committee invites the members of the Faculty to visit and inspect this house on the 13th and 14th days of March, between 3 and 5 P. M., so that each one can be prepared to vote intelligently on the recommendations proposed by the undersigned Committee:

L. McLane Tiffany, *Chairman*,
G. Lane Taneyhill, *Secretary*,

B. B. Browne,
H. P. C. Wilson,
J. J. Chisolm,
G. W. Miltenberger,
Geo. J. Preston,
Hiram Woods, Jr.,
Wm. H. Welch,
Wilmer Brinton,
T. A. Ashby,
A. Friedenwald,
D. W. Cathell,
William Osler,
Henry M. Wilson.

BALTIMORE, MD., March 20, 1895.

The Medical and Chirurgical Faculty of Maryland was called to order in Special Session by the President at 8:30 P. M.

The special business being the report of the Committee on Permanent Location, Dr. Tiffany read the report.

Upon a motion to adopt the report as read the subject was discussed by Drs. Cordell, Dalrymple, Morris, C. H. Jones, Blake, Hampson Jones, Howard, Michael, Chambers, Craighill, Harris, R. Winslow, Rohe, J. T. Smith, Brinton, Taneyhill, Ashby and Preston.

Upon motion of Dr. J. T. Smith an amendment was adopted to take up the report *seriatim*

The Preamble was then read and adopted. Ayes 31; No's 12.

Resolution I, read and adopted.

Upon motion of Dr. Michael it was resolved to adopt the remaining resolutions as a whole.

Upon motion of Dr. Taneyhill it was resolved to adopt the Preamble and resolutions as a whole.

Dr. Tiffany offered amendments to the constitution.

Dr. Merrick called the attention of the Faculty to a house on Hamilton Terrace above that considered by the Committee and known as No. 847 N. Eutaw. Upon motion of Dr. Blake the Committee on Permanent Location were directed to consider both houses and select the one they deem best suited to the needs of the Faculty, without any further reference of the houses to the consideration of the Faculty.

Upon motion of Dr. Michael it was resolved that the President appoint ten members from the Active Members of the Faculty, in accordance with the recommendations of the Committee.

JOSEPH T. SMITH,

Recording Secretary.

MINUTES
Of the Annual Session.

HALL OF THE FACULTY,
St. Paul and Saratoga Streets,
Morning Session, April 23, 1895.

The Medical and Chirurgical Faculty of Maryland was called to order by the President, Dr. Robert W. Johnson, at 12 M., it being the 97th Annual Session.

On invitation of the President, Rev. J. S. B. Hodges, D. D., of St. Paul's P. E. Church, Baltimore, opened the Convention with prayer.

Dr. S. T. Earle, the Chairman of the Examining Board for Western Shore, reported favorably on the following candidates for membership. Said candidates to be voted on the following day: John J. Abel, George Henry Carpenter, T. A. Councell, John A. Doerner, Edith Eareckson, Carey B. Gamble, Jr., Francis F. Greenwell, Wm. F. Hall, Jerome H. Hardcastle, Robert Hoffman, C. R. Miller, J. I. Pennington, Wm. H. Perkins, Morris C. Robins, Robert T. Taylor.

Dr. Robert W. Johnson, the President, read his address on *Pernicious Delay in Surgical Cases.*

On motion of Dr. Taneyhill a vote of thanks was extended to Dr. Johnson, and a copy of his address requested for publication.

Dr. Edward M. Schaffer then read his paper on *Certain Sanitary Needs of our City and its Public Schools.*

Dr. George A. Flemming then read his paper on *A Plea for the Sight of our Little Folks.*

Discussed by Dr. E. M. Schaeffer.

Upon motion adjourned.

JOSEPH T. SMITH,
Recording Secretary.

HALL OF THE FACULTY,
Night Session, April 23, 1895.

The Faculty was called to order at 8.30 P. M. by the President.

Minutes of last meeting read, corrected and approved.

The Examining Board of the Western Shore, through Dr. S. T. Earle, Chairman, reported favorably on the following names for membership: Drs. Delano Ames and Joseph C. Ohlendorf, Jr.

Dr. Wm. Osler opened the Special subject of the evening by reading a paper on *Typhoid Fever in Country Districts.*

The subject was brought to the attention of the Faculty still further by papers from Drs. Charles M. Ellis (Elkton), and C. Birnie (Taneytown), as Co-referees, and by Drs. James F. McShane, I. E. Atkinson, George H. Rohe and Wm. H. Welch. Drs. J. A. Steuart, T. S. Latimer and J. R. Uhler took part in the discussion.

Dr. Wm. Osler moved that the authorities of the cities and counties throughout the state be urged to adopt means for the compulsory notification of cases of Typhoid Fever to their respective Boards of Health. Carried.

Dr. C. Hampson Jones moved, that in view of the interesting and practical nature of the papers and discussion of the subject, the whole be published in the Transactions.

Dr. Wm. H. Welch moved, as an amendment, that as there might be difficulty in meeting the expense thus entailed, the matter be referred to the Executive Committee, with power to act. Carried.

Upon motion adjourned.

JOSEPH T. SMITH,
Recording Secretary.

HALL OF THE FACULTY,

Day Session, April 24, 1895.

The Faculty was called to order by the President at 12.30 P. M.

Minutes of Tuesday night's session read and approved.

The President appointed Drs. W. G. Townsend and C. O'Donovan, Jr., tellers and the following candidates were elected to membership: Drs. John J. Abel, Delano Ames, George Henry Carpenter, T. A. Councell, John A. Doerner, Edith Eareckson, Carey B. Gamble, Jr., Francis F. Greenwell, William F. Hall, Jerome H. Hardcastle, Robert Hoffman, C. R. Miller, Joseph C. Ohlendorf, Jr., J. I. Pennington, William H. Perkins, Morris C. Robins and Robert T. Taylor.

Dr. S. T. Earle, Chairman of the Board of Examiners for Western Shore, reported favorably upon the following names for membership: Drs. T. W. Clark, B. J. Byrne, T. C. Peebles, H. O. Reik and Lillian Welsh.

Dr. Julius Friedenwald read a paper entitled, *The Quantitative Determination of the Rennet Zymogen; Its diagnostic value in certain diseases of the stomach.* It was discussed by Dr. H. Salzer.

Dr. Charles O'Donovan read a paper entitled *A Case Syphilitic Endocarditis Causing Mitral Insufficiency.*

Dr. Simon Flexner read a paper entitled *Peritonitis Caused by Invasion of the Micrococcus Lanceolatus from the Intestine.* Discussed by Dr. P. C. Williams.

Dr. L. McL. Tiffany read a paper entitled *Bullet Wounds of the Liver and Stomach; Closure by Tampon.* It was discussed by Dr. R. Winslow and Dr. R. Johnson.

Dr. C. O. Miller read a paper entitled *Aseptic Cultivation of Protozoa.* It was discussed by Dr. J. C. Hemmeter.

Dr. W. M. Lewis read a paper on *The Relation Existing between Gall Stones and Hepatic Abscess.* It was discussed by Dr. W. H. Welch.

Upon motion adjourned.

JOSEPH T. SMITH,
Recording Secretary.

HALL OF THE FACULTY,
Night Session, April 24, 1895.

The Faculty was called to order by the President at 8:30 P. M.

Minutes of day session read and approved. Minutes of Special Meetings held March 20, 1895, and May 22, 1894, read and approved.

Dr. James M. Craighill, Corresponding Secretary, made his report, which was accepted and referred to the Publication Committee.

Dr. Joseph T. Smith, Recording Secretary, made his report, which was accepted and referred to the Publication Committee.

Dr. W. F. A. Kemp, Treasurer, made his report, which was accepted and referred to the Publication Committee, and his accounts were referred to the Executive Committee for auditing.

Dr. L. McLane Tiffany, Chairman of the Executive Committee, read the report of the Committee, which was accepted and referred to the Committee on Publication.

Dr. B. B. Browne, Chairman of the Library Committee, read the report of the Committee, which was accepted and referred to the Committee on Publication.

Dr. Joseph T. Smith, Chairman of the Publication Committee, read the report of the Committee, which was accepted and referred to the Publication Committee.

Dr. P. C. Williams, Chairman of the Committee on

Ethics, said as no cases had come before the Committee, they had no report.

Dr. S. T. Earle, Chairman of the Committee on Legislation, read the report of the Committee, which was accepted and referred to the Publication Committee.

Dr. Hiram Woods, Chairman of the Committee on Preventable Blindness, read the report of the Committee, which was accepted and referred to the Publication Committee.

Dr. W. H. Welch, Chairman of the Programme Committee, made a verbal report, which upon motion was accepted.

Dr. L. McLane Tiffany, Chairman of the Committee on Permanent Location, read the report of the Committee, which was accepted and referred to the Publication Committee.

The following amendments to the Constitution, offered by the Committee on Permanent Location, were then adopted:

ARTICLE X. Title, Dues. To read; "For the purpose of defraying the expenses of publishing the TRANSACTIONS, of increasing the efficiency of the Library and of meeting incidental expenses, each member of the Faculty residing in the city of Baltimore shall be assessed SIX dollars annually. The members residing in the counties shall be assessed TWO dollars annually. These assessments must be paid within thirty days after each annual meeting. It shall be competent for the Faculty to levy additional assessments if the emergencies of the treasury should require it."

ARTICLE XI. Title, Dues and appropriations to the Library. "That for the first fiscal year, beginning April 23, 1895, the appropriation to the Library, including the salary of the Librarian, Registrar of Nurses, Secretary, Assistant Librarian and Assistant Registrar of

Nurses Directory be $600. In future years the amount to be appropriated shall be determined by the Executive Committee at its first meeting in each year, upon itemized estimates submitted by the outgoing Library Committee at the previous annual meeting."

ARTICLE XII. New Article. Trustees. "That the Board of trustees (formed by the Faculty March 20, 1895) render, in writing, a report giving a financial statement of their receipts and expenditures during the past fiscal year."

Change Article XII to XIII.

The following amendment offered by Dr. Wilmer Brinton was adopted: "That no doctor of medicine who has graduated since June 1892, shall be eligible for membership in this Faculty, unless he has passed the examination of the Board of Examiners of the State of Maryland and is recommended for membership by a member of this organization."

Under new business a communication was received from the Philadelphia County Medical Society and was referred to the Executive Committee with power to act.

Dr. Edward M. Schaeffer offered the following which was adopted: "That it be the sentiment of the Medical and Chirurgical Faculty of Maryland that Free Public Baths are much to be desired as a sanitary feature in this community, and that the Mayor and City Council of Baltimore are hereby respectfully urged to further their establishment at as early a date as possible."

Dr. S. T. Earle, Chairman of the Committee on Legislation, offered the following, which after being discussed by Drs. Morris, Blake, C. Birnie, Hampson Jones, Craighill, Brinton, Tiffany, H. P. C. Wilson, Atkinson, Michael, Funk and Carey Thomas, were adopted:

1st. "That a committee of three be at once appointed by the President of this Faculty to look after the en-

forcement of the law to regulate the practice of medicine in this State, who are hereby authorized to employ an agent for the detection of violators and proper counsel for their prosecution."

2nd. "That the State Licensing Board be instructed to turn over to this committee all surplus funds for the purpose of carrying out the provisions of these resolutions." The President appointed as the committee Drs. Earle, Atkinson and Brinton.

The President appointed as Trustees of the Faculty Drs. T. A. Ashby, I. E. Atkinson, Wilmer Brinton, Wm. Osler, Geo. J. Preston, Geo. H. Rohe, G. Lane Taneyhill, L. McLane Tiffany, W. H. Welch and H. P. C. Wilson.

Dr. Wm. B. Canfield offered the following which was adopted: "That the Committee having in charge the Semi-Annual Meetings be hereby instructed to endeavor to secure reduced rates from transportation companies, hotels and boarding houses, at place of meeting; and that the committee on Programme publish these reduced rates on the programme which shall be distributed; and that the programme shall be sent to the members of the Faculty at least FIVE days before the Semi-Annual Meeting.

The resignations of Drs. Wm. B. Burch, R. G. Davis and J. T. Spicknall were read and accepted.

A communication was read from Dr. J. D. Kremien, and, upon motion, was laid on the table.

Dr. John Morris offered the following which was adopted: "That inasmuch as the State Board of Health (Rev. Code 1888, Art. 43) and the Vaccine Agency (Public General Laws 1888, Art. 43) have not fulfilled the expectation of the medical profession or the people of the State of Maryland nor the purposes for which they were created, therefore the Legislative Committee here-

after to be appointed, be instructed to formulate measures to be submitted to the next Legislature, having for their object a stronger and more effective administration of sanitary affairs." Referred to Committee on Legislation.

Dr. S. T. Earle, Chairman of the Board of Examiners, Western Shore, reported favorably upon the name of Dr. Frank R. Smith for membership.

The election of officers for 1895 resulted as follows: President, Dr. J. Edwin Michael; Vice-Presidents, Drs. Chas. G. Hill and C. Birnie; Recording Secretary, Dr. John S. Fulton; Assistant Secretary, Dr. Robert T. Wilson; Corresponding Secretary, Dr. James M. Craighill; Reporting Secretary, Dr. W. Guy Townsend; Treasurer, Dr. W. F. A. Kemp.

EXECUTIVE COMMITTEE.—Drs. L. McLane Tiffany, Aaron Friedenwald, David Streett, G. J. Preston, President, Treasurer and Secretary *ex-officio*.

EXAMINING BOARD, WESTERN SHORE.—Drs. J. M. Hundley, R. Winslow, C. O. Miller, Hiram Woods, Jr., S. T. Earle, J. D. Blake, Chas. H. Jones and Joseph T. Smith.

EXAMINING BOARD, EASTERN SHORE.—Drs. W. S. Maxwell, W. F. Hines, E. R. Trippe, B. W. Goldsborough and Jas. M. Bordley.

Upon motion adjourned.

JOSEPH T. SMITH,
Recording Secretary.

HALL OF THE FACULTY,
Day Session, April 25, 1895.

The Faculty was called to order at 12.30 P. M. by the President.

Minutes of last meeting read and approved.

The President appointed Dr. W. C. Sandrock, teller and the following were elected to membership: Drs. Bernard J. Byrne, Thaddeus W. Clark, Thos. C. Peebles, Henry O. Reik, Frank R. Smith and Lilian Welsh.

Dr. J. C. Hemmeter read his papers (a) *Experiments on the Motor Functions of the Stomach.* (b) *The Effect of Digestive Diseases on the Heart.*

Dr. Wm. S. Thayer read his paper on *The Relation of the Different Types of Malaria to the Seasons of the Year.* It was discussed by Drs. J. C. Harris, I. E. Atkinson, J. A. Steuart, G. J. Preston, J. E. Michael, C. O. Miller, S. A. Keen.

Dr. J. Whitridge Williams read his paper on *The Treatment of Puerperal Fever—a Warning against the Indiscriminate Use of Corrosive Sublimate.* It was discussed by Drs. J. H. Branham, B. B. Browne, A. K. Bond, Wilmer Brinton, L. E. Neale, J. E. Michael.

Dr. Thos. A. Ashby read his paper on *Persistent Uterine Hemorrhage, its Sources, Dangers and Treatment.* It was discussed by Drs. R. M. Hall, G. H. Rohe, J. R. Uhler.

The following was announced: The Committees appointed by the Faculty to enforce the Medical Practice Act of this State, are ready to receive subscriptions for defraying the expenses of such proceedings. They would respectfully ask for the amount of two dollars from each subscriber. Subscriptions can be handed to any member of the Committee. By order of the Committee.

S. T. Earle,
I. E. Atkinson,
Wilmer Brinton,

Dr. Wirt A. Duvall was proposed for membership.

Upon motion adjonrned to meet tonight at 8 p. m., to hear the annual oration.

Joseph T. Smith,
Recording Secretary.

HALL OF THE FACULTY,
Night Session, April 25, 1895.

The Faculty was called to order by the President at 9 P. M.

The President introduced the Orator of the evening, Prof. M. Allen Starr, M. D., of New York, who addressed the Faculty upon the *The Causes of Nervous Disease.*

Upon the motion of Dr. W. H. Welch, who styled the address a masterly one, a rising vote of thanks was given Prof. Starr.

Upon motion adjourned.

JOSEPH T. SMITH,
Recording Secretary.

HALL OF THE FACULTY,
Day Session, April 26, 1895.

The Faculty was called to order by Dr. Charles H. Jones, First Vice-President.

The minutes of the sessions of yesterday (Thursday) were read by the Secretary and approved.

The following candidate was elected to membership in the Faculty: Dr. Wirt Adams Duvall.

On motion of Dr. Kemp, Prof. M. Allen Starr, of New York, was elected to Honorary Membership in the Faculty.

On motion of Dr. Canfield, the sum of Ten ($10) Dollar was voted as an extra compensation to the janitor for services during this session.

On motion of Dr. Robert Wilson, the following resolution was adopted: "That the Publication Committee publish in the TRANSACTIONS a list of the Vice Presidents (beginning with the year 1799) as is done with the Presidents."

The usual order of business was suspended for the adoption of a resolution offered by Dr. G. Lane Taneyhill: "That the incoming Recording Secretary be and he is hereby authorized to have properly prepared a duplicate diploma of membership to be issued to Dr. J. M. B. Rogers whose diploma was lost in transmission in the mails."

On motion of Dr. Earle, the following resolution was adopted: "Inasmuch as the committee to whom has been referred the prosecution of violators of the Medical Practice Act may find the present law insufficient to meet all the cases for which it was intended, therefore be it resolved that the Committee on Legislation be authorized to procure such amendments to the present law, from the Legislature of 1896, as, in the opinion of the Committee on Legislation, may seem necessary for the prosecution of violators of the Medical Practice Act.

On motion of Dr. Robert Johnson, the Committee on Permanent Location was continued.

Dr. James A. Steuart moved a reconsideration of the vote by which the resolution of Dr. John Morris was referred to the Committee on Legislation. Carried. Dr. Michael moved to lay the resolution on the table. Carried.

Dr. Samuel J. Fort read his paper on *Heredity as a Factor in the Etiology of Idiocy.*

Dr. W. Milton Lewis read his paper on *Melaena Neonatorum.*

Dr. Robert T. Taylar read his paper on *Recent improved Methods of Infant Feeding, with Especial Reference to Modified Milk.* It was discussed by Drs. J. Whitridge Williams, Frank D. Sanger and L. E. Neale.

On motion of Dr. Neale the following resolution, as amended by Dr. Blake, was adopted: "That a committee

of three be appointed by the President of this Faculty to investigate the subject of Dr. Robert T. Taylor's paper and bring the matter in some practical form before the physicians of the City and State, at as early a date as possible, and report at the next meeting of the State Faculty. The President appointed as a committee Drs. Robert T. Taylor, L. E. Neale and Wm. F. Lockwood.

Dr. Harry Friedenwald read his paper on *The Significance of Variations in the Calibre of Retinal Arteries.*

Dr. Hiram Woods, Jr., read his paper on *A Contribution to the Study of Pseudomembranous Conjunctivitis.* It was discussed by Drs. Herbert Harlan, E. J. Bernstein, C. O. Miller.

Dr. Wm. F. Lockwood read his paper on *Three Cases of Purulent Otitis Media, which Ended Fatally.* It was discussed by Dr. Harry Friedenwald.

Dr. T. C. Gilchrist read his paper on *Protoziic Infections with Demonstration of Photomicrographs and Specimens.*

The following were read by title and referred to the Publication Committee:

Dr. E. J. Bernstein—*Sub-conjunctival Injections in Profound Ocular Inflamations.*

Dr. George Thomas—*Surgery of the Nasal Septum.*

Dr. J. W. Chambers—*Notes on Sarcoma, with Reports of Cases.*

Dr. W. S. Smith—*Careless and Unsientific Midwifery, with Special Reference to Some Features of the Work of Midwives.*

Dr. George H. Rohe—*Pelvic Disease and Insanity.*

Dr. George J. Preston—*Tetany, with Report of a Case.*

Dr. H. M. Thomas—*Tetany during Pregnacy.*

The President then announced the members of the Standing Committees and Delegates.

Dr. Hiram Woods moved that the thanks of the Faculty be given to the President and other retiring officers. Carried.

Dr. Charles H. Jones, First Vice President, then declared on motion, the 97th Annual Convention of the Faculty adjourned *Sine Die.*

JOSEPH T. SMITH,
Recording Secretary.

PRESIDENT'S ADDRESS.

PERNICIOUS DELAY IN SURGICAL CASES.

By ROBERT W. JOHNSON, A. B., M. D.,

PROFFESSOR OF PRINCIPLES AND PRACTICE OF SURGERY, BALTIMORE MEDICAL COLLEGE.

In casting about for a subject that would interest a body made of medical and surgical components one naturally explores the border line where these two departments of our common science meet.

Appendicitis, so long found only in the medical side of our hospitals, is now peopling the surgical ward, while diphtheria is losing some of its surgical aspects in the advent of antitoxin, and it may not be Utopian to prophesy that the twentieth century will find an amalgamated physician and surgeon, whose hobby will be a Pravaz syringe, sired by instrument-case out of medicine-chest. The rendezvous of physician and surgeon is with local lesions rather than constitutional troubles, the vast majority of surgical troubles having their start in spots, and by the laws of their existence requiring time to spread from their point of origin to the system at large. Indeed, disease generally begins in one spot; the reason for our not appreciating this more thoroughly is that until we have evidences of constitutional infection, as in the eruption of exanthemata, our attention is not called to it; not until it has smuggled itself past the ports of entry are we able to lay hands on it and possibly arrest its progress. It is true the glandular system, in many instances, plays the part of quarantine, restraining and perhaps building up barriers against in-

fection, but with how much greater security could we act if we could pounce on the invader just as it reached our shores, before it set its poisonous foot upon the land, and fulfill the time-worn axiom, "Prevention is better than cure." We can scarcely hope that in our day and generation our power of diagnosis will be so accentuated that we can detect the very first lesions of cell life in time to eradicate the offender before it has involved its neighbor or its children's children in the subtle meshes of disease; we may still have to stand powerless before this Moloch we call prodromata until the score of pirates have grown to a great host, well on their way to the capital of the human republic; but with surgical diseases, accidents and foreign growths their *début* is more marked and sooner realized; macroscopic rather than microscopic, tangible, capable of easy eradication, and as serious in their demands as a foreign body in the larynx or the stoppage of hemorrhage.

As a border-land disease consider syphilis, with its local and constitutional phases. Take the so-called initial lesions of syphilis as an example. We know that chancre is not the true initial lesion, but the fruit of a lesion received some weeks before. We know that there is more or less constitutional infection already, but is it not good surgery to eradicate at the outset, or as near it as possible, at so slight a cost of tissue and risk, this plant whence further infection, like the proceeds of a baneful distillery, are distributed over the whole lymphatic system? We may not check it, but I fail to see any argument that prohibits us from stamping out the undeveloped possibilities of the sore. One is justified in waiting for developments for diagnosis, on the same principle as he might keep a dog-bite untouched in order to show his patient that he had or had not hydrophobia. Such men as Jullien, Auspitz, Unna, Kölliker, Ehlers, and all except Neuman, who took part in the discussion

of Ehler's paper before the Tenth International Medical Congress in Berlin, 1890, believed in the theoretical possibility of either aborting syphilis, or rendering its course milder by excision of the chancre. Therefore, if authorities like Fournier believe that excision gives an average of one success in five, is it not pernicious delay to await developments and put diagnosis on a pedestal while the true end of our profession, treatment, goes begging?

Another local trouble that finds its often too tardy way, *via* the family physician, to the surgeon's hand is cancer. By the time the patient has hesitated to call her doctor's attention to her breast, plus the time the doctor has exhausted his internal and external applications, the lump has ceased to be a purely local trouble and is winding its devious and dismal path toward structures more essential to life than the breast-gland. Even here surgical science is not baffled. Halsted has lately shown the remarkable results in fifty cases of but six per cent. local recurrence, though the axillary gland had become more or less involved. He says:

"I sometimes ask physicians who regularly consult us why they never send us cancer of the breast. They reply, as a rule, that they see many such cases but supposed that they were incurable. We rarely meet a physician or surgeon who can testify to a single instance of positive cure of breast cancer. The conscientious physician could not under such circumstances advise his patient to be operated upon, and he was justified in treating her with salves and internal remedies. But now we can state positively that cancer of the breast is a curable disease, if operated upon promptly and in time. I cannot emphasize too strongly the fact that internal metastasis occurs very early in cancer of the breast, and this is an additional reason for not losing a day in discussing the propriety of an operation."

That which is true of malignant disease of the breast is accentuated in like affection of more vital parts. "If any rule could be discovered for determining the approximate time when glandular infection is to be expected in malignant disease it would be of great service, but that period is so variable and the data so uncertain," says Curtis, "that we can only predict it in a most general way." Yet physicians conspiring with patients let the cervix break down, the tongue ulcerate, or the testicle fungate before they are willing to seek surgical advice, and it is just such late operations that, failing in cure, cast opprobium on our profession and make the laity less willing to undergo operation, quoting failures among their own family or acquaintance as justifying themselves. That the demurrage is due to selfishness I am unwilling to admit; that the physician desires to retain the case altogether in his own hands, and to receive thirty pieces of silver as a Judas, is beyond comprehension; but no matter whether the cause for delay be selfish or magnanimous, it is pernicious all the same because in the interim local lesions become constitutional and beyond the pale of operation.

Don't for a moment mistake the perhaps necessary delay, in getting your patient in the best possible condition for operation, for pernicious delay. A surgeon who wishes to take a pound or more of flesh from next the patient's heart on introduction might well be arrested for carrying concealed weapons. I plead not against conservatism but against procrastination, against the expectant treatment gone to seed, against fallacious excuses, as doubt as to diagnosis, etc. Gentlemen, the knife in these aseptic days is to the clean surgeon often what the stethoscope is to the physician; properly conducted incisions mean a definite and innocuous certainty instead of hap-hazard, *a priori*, surmises, and has the advantage of the instrument of Laennec in that the scalpel is not only for diagnosis but is synchronously a cure.

Why, then, should we seek to illuminate the tissues with the brilliancy of our guesses, run the whole gamut of perhapses, that may have been justifiable in pre-aseptic days, when we have in our hands the means of rendering surety double sure, and, like Moses' rod, transform the flint into lucid streams by the mere stroke of a deft right hand?

Has aseptic surgery brought with it any temptation to pernicious delay in the treatment of wounds? It has—one I feel myself sometimes. All of you, who do any surgical work, whether as a specialty or in general practice, know what care and preparation must be taken to insure the desired results in your ideal wounds—even more in your suspected wounds—and with what mental satisfaction you see the finished product of your conscientious work (for you must have a surgical conscience to insure the letter and spirit of the law) in the limb, for instance, at rest with its proper strata of dressing. Then your thermometer becomes your guide, philosopher, and friend, a surgical compass; and you watch the possible variations due to fibrin-ferment fever with complacency until it is time for that to cease. Now comes the temptation to pernicious delay. When the temperature rise ceases to be explained in truth by that subtle metamorphosis of wounded tissue at the point of injury or operation, do you not sometimes strain your fibrin-ferment's reputation a little, and try to excuse that variation on grounds which you endeavor to convince yourself are only transitory, instead of recognizing at once that through some fault, perhaps in your technique, or some factor in your wound, you are dealing with pus infection? What you should do is to remove that dressing now, drain, and if you cannot prevent suppuration, prepare at once for its treatment on old if not as self-commendatory lines. Delay in recognizing your mistake or your misfortune is pernicious, and it is better to blush at pus ex-

posed than to endeavor to hide your error beneath a mass of dressing that does not pale the blush of inflammation nor stifle the tell-tale temperature chart. I believe if we are sensitive on this point, willing to accept the verdict of the thermometer, we can often close our suspected wounds and have them heal by blood-clot or per primam, when pernicious delay at the outset would allow them to suppurate, or delay in recognizing first evidences of suppuration a little later endangers the patient's life.

See how the front is changed in treating gangrene. "The line of demarcation, the line of demarcation," was the shibboleth in every case. Men hesitated to amputate, and some went so far as to let Nature do the whole operation. Senile gangrene was allowed to carry off patient after patient, while the surgeon stood helplessly by, or busied himself in relieving pain, or mitigating odors, as this black death wound its putrid coils around the foot and limb and beckoned the clear-minded but rotting sufferer to a grave which presented all the horrors of anticipation. Now the dictum is, amputate high up outside the zone of infection, and beyond the vitiated arteries, if the general condition admit. So in spreading traumatic gangrene, "there is perhaps no affection in the whole domain of surgery which demands such prompt interference in order to avert impending death."

There is a delay that is pernicious in the treatment of fractures. Men are indisposed to put them up in fixed dressings on account of the liability to swelling and possible gangrene, but I think I can state a general principle that will cover these cases. A fixed dressing may be applied to any fracture at the outset that admits of a fixed dressing at any time during its treatment, provided sufficient cotton wadding or padding be used at its first application to prevent pressure on prominent parts, and provided said dressing be split down the front

immediately after its application. By this means ample room is made for any swelling which is not desirable in itself, and the limb is allowed to expand in its expansive case. To put on a splint and keep removing it is the worst possible surgery; a fixed plaster, starch, or other hard encasement is the secret of success in treating fractures, with fenestra if infected, reducing the circumference if the limb shrink.

To surgeons of the early part of this century the cavities of the body were cabinets of mystery containing organs of which they knew a little, and surrounded by that uncanny veil of serous membrane that seemed to be tinder in the presence of inflammation. It was no wonder, then, they hesitated to convert a simple depressed fracture of the skull into a compound one to make sure there was a fragment pressing on the brain. They feared suppuration, rightly perhaps, more than they did doubt; they used the expression, "give the patient the benefit of the doubt"—a doubtful benefit then, a positive injustice now. What more pernicious delay in head injuries, of the vault for instance, than to await the appearance of late symptoms to decide between concussion and compression, or more pernicious than to allow a depressed bone to remain depressed until epilepsy or cerebral abscess point out our mistake? Can anything be simpler than to enlarge your scalp wound, if compound, or make one if in doubt, and see the surface of the skull, and then decide whether trephining shall or shall not be done? If your technique is perfect—and with the simple means of disinfection, anyone can acquire asepticism who religiously cultivates it—you have done your case no harm should you find nothing. You have saved a life perhaps if you have not merely trusted to luck but have treated the condition you have found presented at the bottom of your wound.

The cavity of the thorax, thanks to the mechanical action of heart and lungs, together with the illuminat-

ing genius of Laennec, was opened to the medical fraternity at an earlier date than the cranial or abdominal cavity; but paradoxical as it may seem, the very conditions that make diagnosis surer render treatment, at least surgical treatment, less efficient. The heart is much more a stranger to the scalpel than the brain, and operations on the lungs do not compare in frequency with the thousands of laparotomies done monthly. In spite of this statement the abdominal cavity is the great guess centre for the general practitioner, and is the object of more pernicious delay than all other parts of the body put together. From the fact that it is lined by the awe-inspiring peritoneum, with its rapid absorptive power, containing a battery of flexible tubes as essential to life as are the convolutions of a boiler to the steam-engine, that it is menaced by fears within and foes without in the form of microscopic amœba coli and bacillus commune to the tangible appendix and the hernial rings, that its action for evil in intestinal lesions is even more rapid than its continuous action for good in health—all these factors, I say, render it, *par excellence*, the most dangerous field for delay, a very prairie where a spark may kindle a conflagration in a moment. Let me here protest against closing the vistas of diagnosis by the indiscriminate use of opium. As if the abdomen were not sphinx-like enough in its symptoms, we mask our eyes and muffle our ears by checking pain, one of the most important means for differential diagnosis, and bask in the mist of a fool's paradise, fancying that because we have quieted our sentinel we have overcome the enemy. Whenever it is possible, then, unless shock is so severe that you cannot, avoid opium until you make your diagnosis at least, and then it becomes a boon. There is no drug in the whole list of medicines that is so great a blessing, rightly used, and none so contributing to pernicious delay than the poppy and its derivatives, if misapplied.

There is only one way to be certain of what is going on in the abdomen, and that is by exploratory incision in grave cases, and in this class laparotomy presents less dangers under modern technique than uncertainty, and I mean by that an operation done in time, not a sort of ante-mortem examination after shock and sepsis have wrought their deadly work on one who has called on you for help. What can you do by guesswork, or by delay, or by manipulation, or by opium, or even by the legitimate mechanical means of injection, or massage, in volvulus, or intussusception, or constricting bands, or strangulated hernia, or malignant growths, or gall-stones, or penetrating gun-shot wounds by large missiles, especially if standing two feet from the body you profoundly guess at the contents and action of a cabinet full of secret springs and wheels within wheels? You must over come your prejudices against the scalpel just as your fathers did theirs against the microscope, and your grandfathers against the stethoscope; but together with your prejudices you must lay aside your old notions of "laudable" pus and embrace the idea of damnable pus. The latter half of the nineteenth century has done nothing for you in surgery if you retain the methods of the earlier half. Lister has lived in vain for you, Pasteur has labored in vain for you and your *clientèle*, Koch has astounded you in vain, unless you, as an individual operator, carry out the results of their laboratory and clinical work. Far better *is* guesswork, far better trusting to Providence, or opium, than to attempt modern operations with old methods, when the hand of the surgeon was more baneful than the serpent's tooth because of its intelligence devoid of knowledge which has since made it beneficent. You may say, Gentlemen of the Faculty, "that this is a twice-told tale. We all know this." Gentlemen, I reply, you do not act on it. There is no surgeon in this rooom, I venture to say, that

has not had experience in operating for strangulated hernia, through a medical man who has dillydallied and procrastinated and perniciously delayed the operation until the patient was past praying for, and been greeted on opening the sac with a gush of feculent contents, the stinking fruit of unpardonable delay. This very physician is probably versed in the learning of the Egyptians, *au fait* with aphorisms of the school of Salernum, conversant with the life and times of John Hunter, more or less a user of the various ols and ines that flood the present drug-room, and yet so repugnant is the term operation, or so confiding has he been, even in mechanical cases, in the formula of the Pharmacopœia that he has stultified himself by attempting to substitute the morrow of disaster for today, the day of salvation,

Some months ago, discussing laparotomy in perforating abdominal wounds, I was unwilling to subscribe to the dictum that *all* penetrating wounds of the abdominal cavity require laparotomy, not that I have any objection to the operation *per se*, if we content ourselves with simply opening the abdominal cavity and viewing its contents. It is rather because I feel that in small penetrating wounds, as after small shot, or a minute stab, we are in imminent danger of causing fecal extravasation from moving the bowel around in our search for minute openings, which if left severely alone would close themselves either by extravasation of lymph between adjoining coils or by inversion of the intestinal coats before such untoward result took place. Of course this obtains only in lesions so small that the danger of extravasation is minimized if left alone. In by far the vast majority of cases of intestinal wounds, operation is called for at once, not waiting for sepsis to nullify our work.

If delay in beginning such an operation is pernicious what can be said of delay in finishing it? The more

rapidly our work is done in conjunction with thoroughness the better; hence we should not hesitate to accept any mechanical means, as Murphy's button or Senn's plate, instead of the longer shock-producing sutures so difficult to apply. We must not allow the bugbear of records to stand in our way even in desperate cases.

The proper treatment of appendicitis is a touchstone of a man's capacity, and I know of no law that covers each case, as each one presents problems to be grappled with individually; but, in a general way, appendicitis may be divided into the fulminating, the acute, the subacute, and chronic or recurrent varieties. There are two periods in appendicitis that may be called times of election: The first is before pus is formed and is at the onset of the disease, no matter what variety it may assume; the other is after the lymph-walls have enclosed the pus that has accumulated. Between these two conditions there is a time of excessive danger to the operator, *i. e.*, when pus is forming, and yet the barriers are not sufficiently strong to admit of any disturbance without risking the infection of the whole abdominal cavity. This is the time when most surgeons are called in, after the diagnosis is made by the physician, who has perhaps not had sufficient data to be certain before or has masked the danger signals by opium.

Fowler, in his excellent paper based on one hundred and sixty-nine cases, personally observed, divides acute appendicitis into four stages, according as the tunics of the appendix and its neighboring tissue become involved —endo-appendicitis, parietal appendicitis, peri-appendicitis, para-appendicitis. He goes on to say: "In addition to the fact that the disease may run through all four stages within three days, and the first three stages in forty-eight hours, there are especially dangerous conditions that may supervene or accidents which may occur even when inflamation seems to be limited to the mucosa or submucosa."

In regard to treatment he says: "While the physician is generally first summoned to a patient suffering from appendicitis, the responsibility of the treatment should be shared both by the physician and surgeon. The majority of cases should be treated surgically. Beyond the careful use of salines in the very commencement of the disease, and this only if the symptoms denote a mild type of the affection, the less medical treatment which cases of appendicitis receive the better. Above all things, the use of opium must be avoided as much as possible. Its use masks the progressive character of some of the important symptoms; with free use of the drug the patient's condition seemingly improves, but a sudden increase of pain followed by distension of the abdomen, accompanied by or followed by a rapid pulse and some rise of temperature, announce the occurrence of septic peritonitis.

It should not be forgotten that an exceptionally virulent infection may produce septic peritonitis with neither primary perforation of the appendix into the peritoneal cavity nor rupture of an abcess cavity. Delay in operative interference in such cases will certainly result in disaster, and intereference may fail to save the patient.

The indications for operative interference during an attack of appendicitis may be summed up in a few words. As soon as the diagnosis of progressive appendicitis is assured the abdominal cavity should be opened and the appendix removed. If opium has been injudiciously administered and the progressive character of the case in hand is doubtful, it is better to err upon the side of safety and remove the appendix at once. The conditions present are usually beyond the power of nature to remedy, while in the hands of a surgeon who pays strict attention to aseptic detail of the operation, the latter entails less risk to life than that is involved in even a mild attack of appendicitis, which remains stationary at the

end of twenty-four hours, with all its possibilities of lymphangitis, infection of the peritoneal cavity, retained muco-pus within the tube, and rupture of the latter into an unprotected peritoneal cavity, or ulceration and perforation, either from the presence of so-called coproliths or inspissated fecal matter imprisoned by constriction within the cavity of the appendix, or from gangrenous conditions alone.

In formulating a definite rule for action in the operative treatment of appendicitis many difficulties are met with. To operate too early may be to operate unnecessarily; but this is always preferable to operating too late, and hence unsuccessfully. The fact that operative procedures are quite safely performed when a distinctly outlined and encapsulated abscess cavity is present, provided the surgeon does not disturb its wall, has led Riches and Schmidt, of Versailles, to adopt this period as the stage of election. These surgeons content themselves with simply emptying the pus cavity. On the other hand, many surgsons advocate operation as soon as the diagnosis of appendicitis is made, whatever its grade of severity.

A case demanding operation inside of twenty-four hours from the commencement of the attack is exceptionable; but a case which is not practically well at the end of that time should be made the subject of operative interference. The surgeon should by no means limit himself to that period. (McBurney reports 14 recoveries by operation in 24 cases of general peritonitis after appendicitis.) In cases in which unusally severe symptoms, such as high temperature and a succession of rigors are conjoined with exquisite tenderness in the right iliac fossa (fulminating), and an anxious facial expression, the surgeon should not hesitate to give the patient the benefit of an early and radical operation.

When the patient is not seen by the surgeon until the third, fourth, or fifth day of the attack, the question as

to whether or not operative procedure may be contra-indicated by the impossibility of removing the appendix without breaking down the adhesive barrier which has been thrown out, is one which is frequently encountered by those engaged in this class of work.

As very tersely stated by Richardson, we may be confronted by cases which are in such a condition as to be too late for the early operation and too early for a safe late operation. In deciding the question much will depend upon the experience of the operator, and the facilities which he may possess in the shape of skilled assistance and other requisities to meet all the emergencies as they arise." J. B. Deaver says: "The first and most important of all is the necessity of early operation for those cases of acute appendicitis, whether in the initial attack or in an acute attack supervening upon a chronic appendicitis not immediately yielding to judicious purgation. The ravages of this affection are so rapid and so fatal that I can hardly express myself too strongly upon this point."

The general trend of surgical opinion may be summed up in the opinion that in the fulminating form of appendicitis an early operation is demanded; that in the acute variety, which does not show marked improvement early, an operation is indicated. In the stage of abcess formation prior to the building of secure lymph partition, opinion is divided, with a leaning toward operative procedures by men sure of their technique and masters of the surroundings; that in the condition where we have abscess formed, well hemmed in by walls, the evacuation of the abscess, with or without the enucleation of the appendix, is the proper procedure. With chronic or relapsing appendicitis we have nothing to do in this paper, except the general principle to operate at the earliest indications. In all our dogmata we must bear in mind the two variables, the judgment and skill of the operator and the personal equation of the patient.

Time prevents the consideration of dangerous delay in other systems, as the genito-urinary or the portal, etc. For those who are beginning to detect evidences of pernicious delay in ending this paper, I must not bring it to a close before I remind them that there are certain tones that hold their tension all along the ages and echo through the corridors of time. Their key-note is either the despair of desertion or the ecstasy of deliverance. The individual, the me or mine, is perishing or saved. Can any wail be more human than that of Calvary? "Eloi, Eloi, lama sabachthani—My God, My God, why hast Thou forsaken me?" Can any ecstasy be more celestial than that trite shout of the Highland lassie before Locknow, "Dinna hear the slogan?"

Night and day, my *confreres*, you are called on to save the individual. For God's sake let him not cry to you as a *Deus ex machina*, "Eloi, Eloi, lama sabachthani," but bearing in your hands the fruit of ripened experience and faithful study, let your footfall, heralded by no pibroch, accompanied by no banners, saluted by no artillery, muffled perhaps, by the snow-flake, be unto him as early, as opportune, as healthgiving as was Havelock's relief to Lucknow.

ANNUAL ADDRESS.

THE CAUSATION OF NERVOUS DISEASE.

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A knowledge of the causation of disease is the acme of endeavor to the practical physician. For it is only when this is finally reached that therapeutics pass out of the domain of empiricism and become scientific. Witness the history of our knowledge of Typhoid Fever, of Pneumonia, of Tetanus, of Rabies, and of Diphtheria. It may be said that it is only in regard to the last named diseases that our knowledge is at all final; that by the discovery and cultivation of the germ, the separation of the toxine from the bacillus, the production of attenuated toxines and their application to the destruction of the germ, we have conquered the enemy. But what is now true of these diseases may soon be true of others, and hence no effort to arrive at exact facts regarding causation of disease is out of place. In such an effort it is necessary to rise above the detail of observation and to summon the highest power of analysis and of comprehensive reason.

In no region is this more important than in the domain of nervous disease. It is possible that an attempt to reach the causes of these obscure affections is premature, yet, though unsatisfactory, it is not without profit, and may aid our therapeutics even if incomplete. Before proceeding to investigate disturbances in the action of the nervous system let us consider for a moment its structure.

When we resolve the nervous system with its numerous complex mechanisms into its elements we come down to what is today termed the neuron.

A neuron consists of a nerve cell with its various kinds of branches. The cell itself may be made of many shapes, pyramidal, polygonal, flaskshaped or oval, and contains a nucleus and nucleolus. Its branches are of two kinds. There are first protoplasmic or dendritic branches from two to twenty in number, short, of irregular contour. These divide and subdivide soon after leaving the cell, resembling the roots of a tree. Golgi believes that they act as the roots of a tree act, to gather nutrition for the cell from the blood vessels. Cajal and Van Gehuckten think that they have a nervous function, that they collect the impulses coming to the cell.

The second form of branch is the axis cylinder process, made up of many fine fibrils. This branch passes out of the base of the cell and may have one of two destinations. It may extend as one fibre in a long nerve or nerve tract to some very distant part preserving its identity to the end; thus it goes from a motor nerve cell in the spinal cord to a muscle, or from a nerve cell in the brain cortex to a group of nerve cells in the cord. Or the axis cylinder after leaving the cell, may soon split up losing its identity, dividing and subdividing until finally it has formed a sort of fine branching brush of fibrils, lying in the nervous substance. Golgi divides all neurons into two categories according to the mode of termination of the axis cylinder. He thinks the cell with long axis cylinder which preserves its character till it reaches its destination, is a motor neuron. He thinks the cell with an axis cylinder which soons divides into bushy branches is a sensory neuron.

However long or short an axis cylinder, it continually gives off in its course little collateral branches at right angles to its direction. These subdivide and join the

network of nerve fibrils. The termination of the axis cylinder and of its branches is in the form of a fine bushy expansion—one cell is never joined to another cell directly—and these fine brushlike fibrils extending throughout the grey substance of the nervous system make up the fine felt-work of nerve fibres in which the cells lie.

He has also shown that some axis cylinders arise not from a cell, but by gathering together a lot of fibrils from the bushy branches, or rather to trace the fibre the other way, it ends not in a cell, but in a branching bushy set of fibrils each of which, however, finds itself connected finally with the axis cylinder process of a cell.

It is always to be remembered that the nerve fibres or branches of whichever kind and wherever found are merely a part, a long or short excrescence of the nerve cell, and hence we must regard the two as inseparable, making up together the neuron.

In some parts of the nervous system, the arrangement of neurons is very simple. Thus in the anterior horn of the spinal cord, we have a large nerve cell with numerous dendritic branches in the horn and a long axis cylinder branch which passes through the anterior nerve root and through the motor nerve to the muscle fibre, where it spreads out its little terminal filaments in the motor plate upon the muscle. In other parts, as in the brain cortex, we have mingled together various neurons of different function. (1) We have some large neurons of the projection type sending their major branch down to the basal ganglia or to the spinal cord to start the motor mechanism of which our first neuron is the physical basis. (2) We have other smaller neurons of the association type destined to bring the function of one part of the cortex into related action with other parts, so that when we percieve the perfume of the rose, instantly the shape, the color and the name of the flower rise into conscousness. (3) And in and about these nerve cells of the cor-

tex, lie the brush-like terminations of the branches of hundreds of other neurons sending in their impluses, either from the distant skin, or eye, or ear, or from the motor mechanisms of respiration, or of facial expression, or from adjacent neurons lying in other parts of the cortex itself and keeping us informed of occurrences within or without the body.

In addition to the forms of neuron already described, we have another form which appears to be quite separable in its developement and in its structure. This third type of neuron belongs to the sensory nervous system. It develops originally in the posterior spinal ganglia which lie outside of the spinal cord and in the homologous ganglia which are in connection with the sensory cranial nerves. The sensory neuron is flask-shaped and sends out an axis cylinder which divides into two branches, passing in opposite directions; one of these branches finds its way outward along the nerve to the periphery of the body forming a sensory nerve and terminating in a fine brush-like expansion of filaments in the skin. The other branch finds its way inward through the posterior nerve root into the spinal cord, where it bifurcates, one portion passing downward and the other portion upward in the posterior colums. As these main branches pass up and down within the cord, they give off at right angles little collaterals, and these collaterals together with the main branches terminate in brush-like extremities within the grey matter of the posterior horn, either near to their entrance or as far from their entrance as the posterior nuclei of the medulla oblongata. The sensory nerve never terminates in a cell in the spinal cord or brain axis. It ends in fibres of brush-like termination.

In this form of neuron the cell body is situated about one-half way between the termimal extremities of its two great branches; and in this fact, of the interposition of

the body in the course of a nerve tract, which from the nature of the case must be a continous tract, we have one of the most striking proofs that the function of these cell bodies may be less for the purpose of subserving sensory qualities, than for the purpose of acting as nutrient centres. We have also a proof that an axis cylinder process is not always centrifugal in the direction of its impulses. One other system of neurons must be mentioned before we close this review on modern nervous histology, namely: the neuron that is present through the sympathetic system. These neurons are of both the types already described in structure but the fibres are not medullated. It is never to be forgotten, that this sympathetic nervous system is very widely spread throughout the body and that it subserves some of the most important functions. It not only controls the entire vegetative and nutritive system contained within the cavities of the body, but it also controls that wonderful mechanism of blood supply by means of which an organ is flooded with blood, whenever it is thrown into activity. This regulation of the supply of blood to an organ during the time when it needs to increase its chemical and functional activity, is one of the most delicate mechanisms of the body, and we shall see later, an interference in this portion of the nervous mechanisms is just as serious in its consequences, as an interference with the nutrition of the central nervous system.

In order that these neurons should do their work, they must have a normal structure at the outset and a normal capacity for sustaining their nutrition when in activity. It is only within two or three years that the actual structure of the neuron has been discovered. The method of staining discovered by Nissl,[1] showed the nerve cell to be made up of a clear protoplasmic ground sub-

1. *Internationale Rundschau*, 1888, also abstracts from Nissl's work in Virchow and Sæmisch's *Jahrbuch*, 1890-1894.

stance, through which pass numerous fibrils running from one process into another, between which fibrils are disposed irregularly shaped bodies which have the capacity to absorb staining matters and have been named the chromatin bodies, and also dumb-bell shaped bodies which also stain. Nissl affirms that from the arrangement of these bodies in the cell, its function can be determined, that the bodies and fibrils have one arrangement in a motor cell and another in a sensory cell. This is not yet accepted.

There is also a nucleus and nucleolus in each cell and these too, contain chromatin bodies. The fibrils of the cell have no connection with the nucleus.

When a neuron is made to work, it undergoes certain manifest changes. Hodge[2] was the first to prove this, and he described alterations in the form and appearance of the cell and its nucleus consequent upon its activity. There is a general diminution in the size of the cell, a lessened power to absorb staining substances, which may be taken as a proof of the using up of its own substance, and also changes in the appearance of the nucleus which is decreased in size and changes from a smooth and rounded to a jagged and irregular outline. As the cell becomes changed in its structure by constant work, it becomes more and more exhausted, so that finally there comes a time when it is no longer capable of sending out impulses and requires a period of rest to make up what it has lost of form and to regain a store of energy. Vas[3] and Mann[4] have described these more exactly. Vas showed that mild stimulation of a cell caused a swelling of its body and of the nuclei, and a clearing up of the central part of the cell by an apparent movement of the chromatin bodies to its

2. Hodge, American Journal of Psychology, Vol. II, p. 39.
3. Vas, Uber den Bau des Chromatins in den Lymphateschen Ganglien Archiv fur Mikroscopesche Aanatome, 18892, Heft, 3., p. 375.
4. Gustav Mann, Journal of Anatomy and Physiology, October, 1894.

periphery. Mann showed that functional activity of the cell is accompanied by an increase in the size due to imbibition of the lymph lying in the cavity about the cell so that the cell at work fills up the cavity in which it lies. When activity goes on to the point of fatigue, then a shrivelling up of the cell begins first in the nucleus, then in the body. At the same time changes go on in the chromatin. During the period of activity the chromatin material is used up, so that a fatigued cell does not absorb staining material as does a cell at rest. While this is true of the chromatin bodies, it is not true of the dumb-bell like bodies. These stain more deeply especially about the nucleus, so that in an exhausted cell the only stain is in and about the nucleus. These results have been reached by stimulating cells to work in living animals either by electricity or by keeping up movements, such as running or by exposing one eye to the light while the other was kept dark, and then contrasting the appearance of the cells made to work with those which were kept at rest.

It is evident then, that we can now study the exact mechanical and chemical effects of nervous activity. When a stimulated cell is allowed to rest, it gradually resumes its original appearance; but the period of rest must be adequate.

During the period of reconstruction the chemical activities going on in the cell are numerous and its power of assimilation of material furnished to it by the blood must be increased. If, however, anything interferes with this increased nutrition, such as an imperfect supply of blood, or a deleterious substance of any kind in the blood, then the process of building up fails to take place. If we inject a solution of absinthe into the blood of a guinea-pig and thus produce convulsions, there is evidence throughout the motor cells of the cortex of a marked change. In the outer layer of the cell body, a

granular appearance is evident, vacuoles appear and the nucleus may be shrunken, much as in the cell which has been subjected to over-work. It is not necessary that the material circulating in the blood should be an extraneous poison. Toxic agents manufactured in the body itself as well as the toxic agents received from without are capable of effecting these changes in the neuron.

We see then, that the active factors in interefering with the function and nutrition of a neuron are:

First: Exhaustion from over-work.

Secondly: Defective nutrition from imperfect blood supply.

Thirdly: Active poisoning, either by substances manufactured within the body or by substances received from without, either in the nature of poisons, of infective germs, or of their products. Here we have then a provisional classification of the causes of nervous diseases; for what is true of the neuron, is true of the mass of neurons making up the nervous system.

Of course in dealing with these causes of disease we start with the supposition that they are acting upon healthy neurons. If the neuron has never developed properly, if it is weak from the start, or if it has been stunted in its growth it is evident that it is all the more liable to succumb to any hostile influence. The hereditary and congenital predisposition to nervous disease is a factor which must not be lost sight of in studying the etiology of these afiections.

Let us study these causes of nervous disease a little in detail.

EXHAUSTION FROM OVER-WORK.

It is hardly necessary in this country, where every physician is constantly meeting cases of neurasthenia from over-work, to insist upon this factor in the causation of nervous diseases. The constant struggle for ex-

istence, the insatiable ambition of the majority of active workers, and the constant over-straining of every energy in the attainment of wealth, position, or fame, have become serious facts in American civilization, and are laying the foundation not only for much distress and suffering in the present generation, but for a weakened and delicate nervous system in the next. We cannot emphasize too strongly the necessity of a proper balance between expenditure and supply of nervous energy. We realize easily enough in financial matters that a certain reserve deposit is necessary to comfortable living, and that when expenditures exactly equal receipts, one is living on the verge of bankruptcy and there is no confort in life, no sense of security, no feeling of power. It is only when there is a substantial balance to our credit, when we feel that an extra demand can be easily met from a reserve stock, that we can go our way in comfort and avoid constant anxiety. But, if on the contrary expenditures exceed receipts and obligations are piling up against us, there is not only a hampering in all financial undertakings, but there is also a sense of inherent weakness, which makes one less confident in all efforts and keeps one trembling on the brink of ruin.

Now what is true in regard to one's financial situation, may be taken as equally true of one's stock of nervous energy. Unless there is a surplus stored up in these neurons, enabling them to do their work without immediate exhaustion there is no sense of reserve power and no sense of confidence in results. This manifests itself in the incapacity for continuous attention and effort, and the morbid fears of neurasthenia. Such a reserve stock of energy can only be attained by a proper nutrition and the avoidance of over-exhaustion. That exhaustion, may show itself in different ways. It may be in the projection or in the association neurons that it becomes evident, and then the phenomenon of paralysis of

voluntary effort, or of arrest in the association process necessary to thinking, may occur. The first of these is perhaps best manifested in the disease which we call occupation neurosis: The clerk who spends his entire day in the use of his pen, the banker who has to sign his name two thousand times daily, the cigarette roller, who goes through the necessary motion of making a cigarette thirty thousand times daily, the sewing woman who confines her work entirely to the making of button holes and repeats a single co-ordinative movement sixteen thousand times a day, the telegrapher who has to press his key five hundred thousand times in ten hours, the pianist and violinist who play so constantly, all these individuals are subject to a form of exhaustion limited exclusively to the few neurons that are involved in the production of a single movement. And while every other way they may be in perfect health, they are physically incapable of reproducing this peculiar motion which their occupation has over-taxed. Nothing will cure them but rest.

But it is often said that work never kills any one and worry is the thing that tells. What is the nervous mechanism at the basis of worry? We must believe from recent investigation, that all emotional processes and all mental activity involving emotion are attended by a change in the calibre of the blood vessels of the brain. This is perfectly apparent in extreme cases in the blush of modesty or the flush of anger or in the pallor of fright or of extreme rage. And what is visible in these excessive manifestations, is going on to a less degree all the time in every mental process, which is attended by pleasure or by pain. We have already seen that this governing power of the blood vessels resides in the neurons contained within the sympathetic system and thus it becomes at once apparent that, under nervous excitement or over-work which is attended by emotional strain

or worry, not only are the neurons presiding over that voluntary activity called into play, but also the neurons which regulate the blood supply. To every practicing physician there will occur numerous examples of neurasthenic conditions, in which the vasomotor system presented the predominant symptoms; *e. g.*, the sudden flushings, the sudden sense of rush of blood to the head or to other parts, or the sudden coldness of extremities possibly persistent, with excessive sweating or polyuria. All of these symptoms are evidences of an instability of vascular tone which can be traced directly to exhaustion of the neuron. One more example of a disease caused by over-work may be cited, viz., paresis or softening of the brain; a disease which occurs chiefly in the higher classes, and especially in those individuals who have manifested a high grade of mental activity. The first evidence present is an evidence of exhaustion in the highest mechanism of thought. We have to believe that in various areas of the cortex are located neurons whose function is to preside over and in a way direct the activities of other portions of the cortex, bringing them into harmony and order and directing their work in special lines. These may be considered as neurons of association and it is in these and their numerous branches that the exhaustion first shows itself in this disease, paresis. It may be that many of the cases are to be traced, as we shall see later, to poisoning by the toxic products of syphilis, but in any case, it is the giving out of these higher cells of association which produce the first symptoms of the disease. Such a giving out is only a proof of exhaustion from over-work.

It is evident therefore, that exhaustion from over-work is one of the potent causes of nervous disease, of a functional character. It may also be the cause of an organic affection. If we remember that over-work of a neuron is attended by a shrinkage in its natural size and if we

accept the statement of Weigert, one of the greatest of living pathologists,[5] that the process which we term sclerosis in the nervous system, is merely a manufacture by nature of a supporting substance within the brain or cord to take the place of an atrophied nerve cell or fibre, then we may realize the possibility that exhaustion in the domain of certain functional activities, may be the actual beginning of serious organic changes in nervous structure. We certainly know, that in the nervous system, sclerotic processes tend to develop and to be limited to tracts of a definite single function. Thus, posterior sclerosis affects exclusively the sensory tracts of the spinal cord, while lateral sclerosis affects exclusively the motor tracts, and amyotropic lateral sclerosis invades the entire motor system from the brain to the muscles. It is true that many have supposed that this limitation of sclerosis tissue to definite regions, was due to some particular poison showing a selective action upon definite parts of the nervous system; as we know that strychinine, aconite or conium may show such selective action. But Weigert's statement appears to me to furnish a much more rational explanation for the peculiar distribution of these sclerotic processes, which have been grouped together as the system diseases. The order then of causal factors would be: First, over-work. Second, exhaustion. Third, atrophy of neurons, continued for a time and then followed by a growth of connective tissue in the form of a sclerosis limited to a functional tract. Edinger[6] has recently developed this theory more fully and exhaustively than I can at present. It will repay any careful student to read his argument.

II.—DEFECTIVE NUTRITION FROM IMPERFECT BLOOD SUPPLY.

The first essential in the maintenance of proper nutrition of the neuron, that it may not only keep up its sup-

5. See Flechsig-Neurol. Centralbl, October, 1894; also British Medical Journal, February, 1895.

. Volkman's Sammbung, Klin-Vortiaege, N. F., No. 106.

ply of energy, but recover from the effects of exhaustion, is a proper supply of nutrient material, which is necessarily brought to it by the blood. There is no part of the body which is more plentifully supplied with blood vessels, than the nervous system. There is no part, every cell of which is so constantly bathed in the vital fluid as the nerve cell. The importance of this supply not only in keeping up the nutrition of the cell, but also in enabling it to resist extraneous influences of a toxic or infectious nature, is well demonstrated by an interesting experiment of Roger. Roger cut the sympathetic nerve on one side of the neck of animals, thus increasing the blood supply upon that side, and saw erysipelas which he had inoculated into the ear of the same side, disappear, while on the other side, it continued to develop. In another instance, instead of the sympathetic, he cut the auriculo-temporal nerve, thus depriving the tissues of those normal nervous impulses which regulate their nutrition. Then the reverse result was observed, for the streptococcus developed more readily on the side of the section, He thus proved, that when a part is flushed with blood and its nutrition is correspondingly increased, it is enabled to throw off amd resist external influences of a deleterious character. If, however, the blood supply of any portion of the nervous system is cut off we obtain at once effects of a most disastrous character.

The effect of a lack of nutrition in the neuron has been carefully investigated by Lubinow. He starved a dog for a period of ten days in such a manner that it lost thirty per cent. of its bodily weight; then after trephinning he removed a small piece of the brain. He then fed the animal so that it finally returned to a normal condition. During the period of feeding, pieces of the brain tissue were removed for examination four, six and eight weeks after the end of the starvation period, each time a new trephine opening being made. In the pieces removed

at the end of the starvation period there was a decided transformation of the cell protoplasm, part of which had disappeared entirely. The nuclei were pale; around the the cells were leucocytes, which in some instances had penetrated the cell. After refeeding for four weeks, when the animal had apparently returned to its normal condition, the brain tissue still presented very marked changes showing a further decay and atrophy of the cells. Of some cells only the nuclei were left, in others a narrow border of protoplasm was seen around the leucocytes; the neurons were intensely stained and coarsely granular; in some cases the cells had entirely disappeared; the leucocytes were increased; occasionally the nucleus had become kidney-shaped and it appeared as if the leucocytes were entering the cell. Thus, the the process of degeneration in the nerve cells had gone on in spite of the increase in the general bodily nutrition. After six weeks, however, the regeneration of the cells was found to have begun around the nucleus. A finely granular and deeply stained protoplasm had begun to accumulate, and in some cells this protoplasm appeared to be bulging out the wall of the cell, as if for the development of new processes. There were fewer leucocytes around the nucleus and none were seen around the protoplasm of the cell. After eight weeks of refeeding the cells had approached more nearly to the normal condition, with the exception of the protoplasmic process, which still remained rudimentary. The trace of impaired nutrition in a nerve cell remained for a considerable time after the general nutrition had been resumed. This is quite in accordance with the clinical experience of the recovery from conditions of nervous exhaustion when there is no organic disease.

The condition of impaired nutrition produced experimentally by starvation is quite comparable to the

impaired nutrition that must follow the arrest in the blood supply. It is only recently that the dependence of many so-called nervous diseases upon disease of the blood vessels has been fully appreciated, although the statements of Heubner and of Gowers upon this subject were first put forward many years ago. Diseases of the blood vessels are certainly very common. They constitute the primary condition in a long list of syphilitic affections. They are the starting point of many cases of chronic nephritis. They are also the essential lesions in the vast majority of diseases of old age. And when we realize that hemiplegia, aphasia in its different forms, hemianopsia and hemianaesthesia are usually due to a stoppage within the blood vessels produced by embolism and more frequently by thrombosis, or else are due to a rupture of the vessel wall, we see how large a part of the so called nervous diseases is really secondary to a vascular affection.

The various forms of cerebral softening are due to a cutting off of the blood supply; and the various conditions grouped together under the term cerebral atrophy, to which are to be traced the forms of imbecility, idocy, and paralysis of childhood, are also due to disease of of the blood vessels. Lately it has been shown that many spinal cord diseases are dependent upon the same cause. Some cases of infantile spinal paralysis and many cases of myelitis, either disseminated or transverse, as well as some forms of sclerosis, are to be ascribed to defective blood supply from a plugging up of the spinal arteries.

It has been recently stated that the layer of cells lining the blood vessels are really secretory cells. If this is accepted, then diseases of the tunica intima increase in importance and it is not impossible that the origin of many pathological processes may be traced to the blood vessels.

It is very easy to apppreciate effects of blood stasis, such as occur in valvular disease of the heart. It is probable that much is still to be learned regarding the pathology of the capillary circulation and of the effects of stasis limited to it. Any one who has watched this circulation under the microscope, in the web of a frog's foot, has seen the sudden stoppages, the resumption of blood flow, the piling up of red corpuscles in one part, the sudden changes in the direction of the blood flow in consequence, and the very irregular spasmodic passage of the current through these fine capillaries, must have been impressed with the fact that temporary or permanent changes in this capillary circulation are capable of causing marked effects upon the nutrition of the cells which surround these capillaries. It is impossible for any obstruction in the blood supply to occur for any length of time without producing marked effect. It may be stated without contradiction that many neurasthenic conditions with lack of nerve energy, headache, feelings of depression, conditions of discomfort with vertigo, inability to concentrate the attention, insomnia, morbid fears and general nervousness which are so common in endarteritis chronica with atheromatous or specific changes, and which constitute the prodromata of apoplexy, may be traced to such obstruction in the blood flow. It is also probable that many of the manifestations of hysteria can be best explained by a sudden suspension of nerve activity, due to a spasmodic contraction of the blood vessels, either peripheral, as in the retina or acoustic nerve or extremities, producing sudden blindness, deafness, and anæsthesia, or within the brain, as in the states of morbid intellectual and moral action so often seen in this disease, and evidently due to a lack of self control.

It is thus evident that many organic and functional diseases of the nervous system can be traced to imperfect blood supply.

III.—ACTIVE POISONING OF THE NEURON.

1. *By Poisons Produced Within the Body.*—The effect of work is to use up the tissues and to produce waste products which have to be carried away and thrown off. These waste products are in themselves injurious to the organism. It has been found that if the blood of a fatigued animal is transfused into one that is rested, the latter shows every sign of fatigue.[7] This proves that activity must give rise to products of decomposition which affect the organism as poisons. Hence a free elimination of waste products is essential to healthy recuperation after work. It is just as essential to clear away the ashes as it is to feed the fire with coal. The oppression felt by confinement in a close atmosphere, as in a badly ventilated theatre or church, where the waste products of the crowd permeate the air and poison every individual, affords a proof of the constant manufacture of deleterious substances within the body, which need to be removed. I believe that much of the benefit derived from the use of mineral waters is due to the fact that they increase the elimination of these waste products.

It is unfortunate that at present so little is known in regard to the chemistry of nutrition. While general facts are at our disposal in regard to the ordinary types of nervous distress attendant upon indigestion in the stomach or intestines, or irregularities in the action of the liver or of the pancreas or of the kidneys, yet we really have few precise statements in regard to the actual chemical disturbances produced by these diseases. A great deal has been written of late about the evil effects of uric acid, especially by Haig, of London.[8] Haig's statements do not, however, bear analysis and critical examination, as Roberts[9] and Herter[10] have

7. The Insanity of Over-Exertion of the Brain, J. Batty Tuke, Edinburgh, 1894.
8. Uric Acid in Disease, London, 2nd edition, 1894.
9. Roberts, Lancet, 1894.
10. Herter, Journal of Nervous and Mental Diseases, February, 1895. Review of Haig.

conclusively shown. That in many abnormal conditions an excess of uric acid and of indican is a constant manifestation must be admitted. But Herter is inclined to conclude that the excess of uric acid in the urine, which is met with in disease, is to be regarded as the result and expression of general nutritive disturbance or digestive disorders and not as the cause of disease. Horbaczewski has proven that uric acid is largely derived from the nuclein in the nuclei of the body cells, in consequence of their breaking down. Now we have already seen that such a breaking down takes place in nerve cells under over-work or after starvation. Hence, the uric acid may be taken as evidence of disintegration in nervous tissue. The researches of Herter have demonstrated that certain methods of diet, notably the milk diet alone or a diet from which starch and sugar have been rigidly excluded, have a marked effect not only on the general chemistry of digestion and in decreasing the proportion of uric acid and indican in the excretions, but also in producing very marked changes in many nervous symptoms, such as the symptoms common to neuræsthenic patients, various forms of headache, vertigo, inability to do mental work, general malaise and even the explosion of epilepsy.

In confirmation of this last named fact I could bring forward a considerable number of interesting cases. I will cite but one. A confirmed epileptic patient had for several months been under my care taking bromides daily and eating freely. Her average number of attacks was ten severe and fifty slight attacks per month. Herter found that the relation of uric acid to urea in her case was high. The following table shows this relation and the number of attacks:

Date.	No. of Attacks.	Relation of Uric Acid to Urea.
March 1.	2 petit	1 to 32.5
" 2.	2 "	1 " 34.2
" 3.	1 "	1 " 32.4
" 4.	3 "	1 " 32.5
" 5.	3 " 2 grand.	1 " 36.8
" 6.	5 "	1 " 39.2
" 7.	0 attacks	1 " 43.2
" 8.	2 "	1 " 39.2

On March 9th this patient was put on a rigid milk diet, no change being made in her manner of life or in the amount of her bromide.

Date.	No. of Attacks.	Relation of Uric Acid to Urea.
March 10.	2 petit	1 to 61.4
" 11.	0 attacks	1 " 66.1
" 12.	0 "	1 " 76.5
" 13.	0 "	1 " 85.8
" 19.	1 grand mal.	
" 24.	2 " " 4 petit	
" 25.	1 " " 1 "	
April 4.	1 petit	
" 18.	1 grand	
" 19.	1 "	
" 25.	1 "	
" 28.	2 " petit.	

The table shows the immediate reduction in the amount of uric acid excreted to one-half and the great reduction in the number of attacks. Thus instead of fifty attacks of petit mal. as in February, she had but five in April. It was interesting to note that a very obstinate constipation preceded each attack in April and coincident with this there was a temporary rise in the uric acid. The subsequent history of this patient, who is still under my care, has proven conclusively that there is a direct relation between the occur-

rence of the attacks and a disturbance of nutrition—that auto-infection is the cause of her epilepsy, I think it may be safely said that one-third of the epileptics in the community are suffering from this type of the disease.

It is well known that many so-called gouty manifestations of a nervous character can be temporarily relieved by great restriction of diet or by the administration of alkalies. The intense headache observed in gouty people can be avoided by eating meat and green vegetables and by drinking an excess of water. This fact offers another proof that disturbances in the chemistry of the system are responsible for many nervous conditions. We know that in chronic nephritis, in which there is a tendency to the accumulation of urea and of other poisons in the blood, nervous manifestations are of constant occurrence, and here again the importance is apparent of limitations in diet, and of such measures as will eliminate the poisonous substances from the blood, in order to remove the nervous symptoms. All these facts impress upon the observer the importance of a careful study of diet, and of agents which affect digestion, and also of the use of water in the treatment of many nervous conditions, which latter agent is often of vital importance, either in increasing the rapidity of chemical changes or in washing out from the system the products of abnormal chemical action.

I cannot leave this subject without calling attention to the role which auto-intoxication probably plays in many mental diseases. In mild melancholia for example, we see a constant periodicity in the symptons. The patient is awakened early in the morning by the feeling of mental distress, anxiety and despair. He lies awake for hours. He has little energy to get up, and none for work. As the day goes on he becomes brighter. In the afternoon he can be easily interested

and will undertake various things, and by evening almost all trace of the mental affection may be gone and he feels quite and well happy. Sleep comes easily, but only to be interrupted again as before, by the onset of the symptoms. The rational interpretation seems to be the development, during the first hours of sleep, of a poison whose action is intense—the elimination during the day of that poison—the freedom from it at night. The symptoms are due to intoxication from within, the toxine being, however, thus far unknown and not reached by antidotes.

An additional proof of the liability of the nervous system to suffer from disturbances in the chemistry of nutrition is afforded by the natural history of the disease myxœdema. We know that this extraordinary affection, which is attended by so many symptoms of a trophic nature in the skin, hair and mucous membranes, is also characterized by marked mental symptoms which may lead to active insanity, to hallucinations and to dementia. We know that all symptoms are due to an absence of the normal secretion of the thyroid gland from the blood, and that by supplying the patient with thyroid extract of the sheep, we can entirely remove not only the physical but also the mental symptoms, thus restoring him to health of body and of mind. The interesting fact has also become known that if too much of this thyroid extract is given to the patient, symptoms of great nervous irritability are produced which resemble closely the symptoms of exophthalmic goitre, and the theory is now current that many of the distressing symptoms of this affection are due to an excess of thyroid secretion in the blood.

Surely these facts afford conclusive evidence that the nervous system is affected by poisons manufactured within the body; that anto-intoxication is a potent factor in the etiology of nervous disease.

2. *By Poisons Received from Without.*—That the nervous system is particularly susceptible to the influence of certain poisons, especially lead, arsenic, mercury, strychnine, aconite, and also to alcohol has long been known. The various forms of lead tremor and lead palsy, of mercurial tremor, of arsenical neuritis, and of alcoholic neuritis, are so familiar that they need not detain us. It may be interesting, however, to call attention to the fact, that Andriezen, has recently been able to detect the series of changes going on in the cells in the cerebral cortex during alcoholic insanity. He has shown that the first changes produced in this disease, are of the nature of a softening and swelling of the protoplasmic branches and of the fine collateral fibres of the nerve cells, that the next changes occur in the cell body and in the long apex projection, which is characteristic of the pyramidal cell of the cortex. These changes consist of a gradual disintegration and breaking up of the cell body, until finally the cell protoplasm gets vacuolated from within and this continues till the whole internal protoplasmic structure is channeled and tunneled by such holes and seams of liquefaction. Andriezen attempts to corelate these pathological changes with the clinical course of alcoholic insanity. He believes that the slowness in all processes of association, the delay of the reaction time, the diminished faculty of attention and volition, and the imperfections of memory, are to be traced to the changes in the fibrils and protoplasmic processes, which interfere with the associated action of the various neurons. He believes that the dementia and the loss of muscular power, which ensue later, are to be related to the destructive process in the cell body. If this destructive process has gone on beyond the power of regeneration, the disease progresses to chronic alcoholic dementia. If, however, regeneration is possible recovery ensues.

Time will not permit any further reference to the changes produced in the nervous system by this type of

poisons. I must go on to speak of a more important class of poisons, whose action upon the nervous system has but recently been realized, namely infective toxines produced by germs. It is only within the past few years that the fact has been admitted, that infectious diseases of various kinds, play a part in the etiology of nervous diseases. Every one is familiar with the fact, that nervous symptoms have been very clearly recognized as constantly attendant upon the development of infectious diseases. Thus the occurrence of headache, delirium and convulsions at the onset of most acute infectious diseases and the subsequent relaxation and weakness of the muscular system and the hebetude of mind occurring in the course of these affections demonstrate the direct action of the poison upon the neuron. It is now possible to trace a considerable number of nervous diseases directly to the invasion of the system by germs. It is known that tetanus, hydrophobia, diphtheritic paralysis, meningitis, cerebral abscess, leprous neuritis, beri-beri, many forms of multiple neuritis and some varieties of encephalitis and myelitis are distinctly due to germ infection. It is also believed that disseminated sclerosis in some cases may be ascribed to infection, and that there are many forms of neurosis and some forms of insanity, which are traceable to the same cause. For the evidence in proof of these assertions, I must refer you to the discussion of the relation of infective processes to diseases of the nervous system at the last meeting of the Congress of American Physicians and Surgeons in Washington, 1894, and especially to Dr. James J. Putman's recent article in Amer. Jour. Med. Sci., March, 1895, It has been shown that the infective agents in these diseases, whether germs or toxines, have a direct action upon the neurons and produce changes in the structure of the neuron, which remind us of the changes described already as produced by exhaustion and by imperfect nutrition.

These have been most carefully studied by Golgi in his investigations on the effects of inoculations by the toxine of rabies. He describes changes both in the cell body and in the nucleus. The body becomes shrunken, vacuolated and granular. The nucleus is crenated and the chromatin bodies deeply stained. Golgi has also noted changes in the protoplasmic and axis cylinder processes, both being swollen at points so as to give a varicose appearance, and being in a state of granular disintegration like the cell. If we accept the fact that infective agents may attack the nervous system to the exclusion of other parts of the body, a new light is thrown upon the clinical history of certain diseases of the nervous system, whose origin has hitherto been abscure. One of these diseases is infantile paralysis or anterior poliomyelitis. If a large number of cases of this disease are collected, it will be found that the clinical histories fall easily into two classes, showing two separate modes of onset of this affection. The small class, about one fourth of the cases, show a sudden onset without fever or constitutional disturbances. In these one limb only, as a rule, is affected. The paralysis comes on without warning and remains quite stationary from the first. I believe these cases are to be explained by a sudden stoppage of the flow of blood in one of the small spinal arteries entering the anterior horn. The embolism or thrombosis is followed by a process of softening with destruction of the motor nerve cells and hence paralysis is permanent. The larger class—about three-fourths of the cases—present a different history. In these the disease begins with chills or convulsions, with high fever and general constitutional symptoms and is attended by all the signs of an acute infectious disease. In these cases the initial paralysis is often very extensive, affecting both legs or both arms or all the extremities, but later the paralysis passes away, excepting in a few muscles in one limb, so that great improvement and recovery is a rule, in

this clinical type of the disease. These cases are well known to occur more frequently during the months of July, August and September, than in other parts of the year; a fact long ago noted by Weir Mitchell and confirmed by Gowers and myself. But the more important fact, which has only been recently established and which goes far to confirm the theory that this form of disease is a true acute infectious process, is the occurrence of this type of paralysis in the form of an epidemic. Some years ago, such an epidemic was reported in Lyons, France, and a few years later another in Stockholm, Sweden. I had occasion last summer to investigate an epidemic of this character which occured in Vermont and through the kindness of Dr. Caverly, President of the Board of Health at Rutland, I saw a number of cases.[11] Between the 15th of July and the 20th of September, there developed within a radius of twenty-five miles in the Otter Creek Valley, one hundred and forty cases of acute infantile paralysis. The disease had been only rarely observed until this time, one or two cases a year only having occurred. But this sudden epidemic caused great alarm to the entire population. Children between the ages of two and ten were the chief victims, though a few cases were observed among the adults. There seemed to be no doubt, that the disease was a true anterior poliomyelitis, for it was possible from the symptoms and history to exclude an epidemic cerebro-spinal meningitis. The paralysis was of the acute atrophic type with reaction of degeneration in the muscles and that peculiar selection of different muscles which is known to be characteristic of anterior horn disease. It was not attended by sensory symptoms or anæsthesia, or by any disturbance of the bladder or rectum, and bed sores did not occur. In the majority of the cases a partial recovery took place, but most of the children were left with permanent paralysis in one or two muscles. The occurrence of such an

11. N. Y. Medical Record, Dec. 1, 1894.

epidemic is certainly proof positive, that in some cases, anterior poliomyelitis may be regarded as an acute infectious disease.

We know that epidemics of acute multiple neuritis occur, chiefly in tropical countries, although the forms which we see in this country are usually consequent upon the toxic agents or subsequent to other infectious diseases.

Any one who has had the misfortune to watch a case of Landry's paralysis in which a rapid extension of total paralysis of motion and sensation occurs from feet to body, to arms, to neck, and to face and death comes within a week, must admit that the appearance of the patient is convincing that an infection is present.

I cannot enter into a discussion of the possibility that chorea, endoarteritis and acute rheumatism, three diseases very closely allied, are due to a single germ affecting different organs in different individuals; but there is much to be said in favor of this view.

Lastly, one must not forget the evident causal relation between numerous forms of nervous disease, especially locomotor ataxia and paresis and the poison of syphilis. Tabes and paresis are not syphilitic diseases in the sense that gumma is, but that they are sequelæ which are directly dependent on the existence of a previous attack of syphilis is undoubted in the large majority of the cases.

It is my firm conviction that as the knowledge of infectious diseases increases, their active relation as causative factors in nervous affections will become more evident. I think I have cited a sufficient number of examples to convince you of this fact.

CONCLUSION.

In conclusion I think it may be stated that the essential lesion in functional and organic diseases of the

nervous system is a change, temporary or permanent, in the chemical and physical condition of the neuron. This change is the same in kind whatever the cause. Such a change may be produced by over-work, by imperfect nutrition, or by active poisoning from toxic agents produced within the body or from toxic agents of an inorganic or organic type received from without, the last named being in many cases germs or their products. Such a classification of the causes of nervous diseases has a great therapeutic significance, as I have tried to show in the course of this discussion. If it leads to practical results in your hands, in the successful treatment of this great class of affections, my object will have been attained.

REPORTS.

TREASURER'S REPORT.

MR. PRESIDENT AND MEMBERS: The report of your Treasurer at this 97th Annual Convention will be condensed.

Those interested in the matter of our deficiences are referred to the TRANSACTIONS of 1894, pages 32 and 34, where it will be found that we began the year with liabilities amounting to $893.82, of which $200. was rent due the Maryland Historical Society, the balance the accumulation of years, the difference between our income and expenses.

We report accessions of the following by election to membership:

J. W. P. Bates, J. M. H. Bateman, Edwin S. Beckley, Charles Hy. Bennum, J. C. Bloodgood, Joseph C. Clark, Claribel Cone, L. E. Conradi, G. H. Hamner, Peter J. Doran, Sheldon G. Evans, Charles Getz, Thomas Gilchrist, John W. Hocking, F. C. Jewett, Silvan Sykes, S. McCleary, Charles W. McElfresh, Edwin Munoz, William J. Pillsbury, Flora Pollack, James M. Price, J. M. H. Rowland, J. M. B. Rodgers, Melvin Rosenthal, J. Hugh Stier, A. W. Thompson, Eugene McEvers Van Ness, Milton P. Walter, Frank E. Wagner, Elijah Williams, Joseph C. Wunder, W. P. E. Wyse.

We drop from membership by death John F. Monmonier, and Theo. W. Glocker.

By non-payment of dues, Thomas H. Buckler, Alice Hall Chapman, George R. Graham, H. G. Harryman, J. E. Pritchard, J. B. Schwatka, E. J. Williams.

The Library Committee will tell of their affairs, I have only to report the sales and fines as $12.87.

RECEIPTS.

Initiation Fees	$ 135 00
Dues of Members	1,400 00
Rent of Hall	175 00
Rent of telephone	36 00
Sales and Fines at Library	12 87
Pharmaceutical Exhibit	120 00
Total Receipts	$1,878 87

DISBURSEMENTS.

Advertising 96th Session		$ 14 25
Janitor's Fees		70 00
Chairs at 96th Session		25 00
Gas		24 25
Library Board from Dues, including $31.70, as per resolution TRANSACTIONS '94, page 23		400 00
" " Fines and Sales		12 87
Rent of Hall		800 00
" " Telephone		78 00
TRANSACTIONS vol. for 1894		156 30
Stamps for " " "		21 54
Expenses Cor. Sec'y		33 15
Expenses Rec. Sec'y		5 50
Janitor's Fee at Semi-Annual		5 00
Commission collecting dues		15 20
Insurance		48 00

MISCELLANEOUS.

Griffin, Curley & Co., Printing Programs,	$22 50	
" " " Names	4 50	
" " " Official Envelopes	10 00	
" " " Fee Tables	12 00	
Committee on Permanent Location and Postals	12 70	
Maryland Med Journal, Preliminary notice	19 50	
Committee on Permanent Location	2 50	
Programs	9 00	
Diplomas (Filling)	13 60	
G. Lane Taneyhill, Postage and clerk hire	5 66	
Ice at Library	15 65	127 61
Expenses of Treasurer		50 00
Total Disbursements		$1,886 67

You will observe your Treasurer has paid out $7 80 more than received.

LIABILITIES.

Deficiency Reported 1894	$ 693 82
Amount to make Payments Last Year	7 80
	$ 701 62

ASSETS.

Library and Fixtures, Estimated	$7,500 00
Building Fund	192 00
Unpaid Dues	700 00
	$8,392 00

There are a few points we should stop and consider. Had the Library Board received its half-dues and fees, and had the bills been paid, we must have paid to live, our liabilities would be at the high water mark of $1,000.

The report presented at the last Annual Meeting by your Treasurer, gave the Library Board all the constitution directs it should have, and left $200 unpaid on rent, this year the landlord has had all his, the Library Board not all theirs. The movement now active to place us in our own house calls for careful study, that the continual repetition year after year of complaint and deficiency increasing, be absent from reports, only then can we come to our hundredth year of existence and pass the century mark without a blot or cloud to dim our widening influence or stay our onward progress.

Respectfully submitted,

W. F. A. KEMP,
Treasurer.

REPORT OF RECORDING SECRETARY.

APRIL 24, 1895.

MR. PRESIDENT AND MEMBERS:—Your Recording Secretary would report that the Programme under which we are now working was arranged by the Committee appointed for that purpose under the Chairmanship of Dr. W. H. Welch. Copies have been mailed to each member of the Faculty. The Pharmaceutical exhibit has fallen far short of previous years, owing to the meeting of the American Medical Association following so closely upon this meeting. In spite of solicitations, the amount turned into the treasury from this source will not exceed $50.

All of which is respectfully submitted.

J. T. SMITH,
Recording Secretary.

REPORT OF THE EXECUTIVE COMMITTEE.

HALL OF FACULTY,
April 24, 1894.

PRESIDENT AND MEMBERS OF THE MEDICAL AND CHIRURGICAL FACULTY:—Your Committee has the honor to report that meetings have been held by the Committee and business transacted as per minutes herewith filed.

The Program Committee and Location Committee in executing the work referred to them by the Faculty have greatly reduced the work of this Committee.

The Committee invited Prof. M. Allen Starr to deliver the annual oration, and he will do so tomorrow, Thursday, 8 P. M.

All of which is respectfully submitted.

LOUIS MCLANE TIFFANY,
Chairman.

ROBERT T. WILSON,
Secretary of Executive Committee.

DAVID STREETT.
GEO. H. ROHE.
W. H. WELCH.
R. W. JOHNSON.
J. T. SMITH.
W. F. A. KEMP.

831 *Park Avenue*,
BALTIMORE, MD., May 21. 1894.

A Special Meeting of the Executive Committee of the Medical and Chirurgical Faculty was called to order by the Chairman, Dr. Tiffany, at 8:30 P. M. Present, Drs. Tiffany, Welch, Streett, Johnson, Kemp and Smith.

In the absence of the Secretary, Dr. Smith was appointed Secretary *pro tem.* A communication was received from Drs. Spear, Craigen and Doerner inviting

the Faculty to hold its next Semi-Annual Meeting in Cumberland. Upon motion it was resolved to hold the next Semi-Annual Meeting in Cumberland on November 21st and 22nd, and that the invitation be accepted with thanks. Dr. Ashby was appointed Chairman of the Committee of Arrangements.

A communication was received from Hagerstown in regard to court fees of Medical witnesses. The Secretary was directed to reply that protection is afforded in Expert Testimony and that as to matters of fact all witnesses must testify; at the same time the Committee would like to know of any statutes in other States on this point to which they could refer.

It was resolved that hereafter all copies of the TRANSACTIONS which are sent in Exchange shall be sent out from the Library by the Librarian and with the Stamp of the Faculty on the wrapper.

Upon motion adjourned.

J. T. SMITH,
Secretary pro tem.

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831 *Park Avenue,*
BALTIMORE, MD., October 17, 1895.

A Special Meeting of the Executive Committee of The Medical and Chirurgical Faculty of Maryland was called to order at 8:30 P. M. by the Chairman, Dr. L. Mc. L. Tiffany. Present, Drs. Tiffany, Welch, Streett, Johnson and Smith.

A request was presented from Dr. James Steuart for the use of the Faculty rooms on November 1st for two or three hours from 12 o'clock. Upon motion of Dr. Welch the request was granted.

A communication was received from Dr. Kemp in regard to the signing of the new contract for the telephone, by which the rate will be advanced from $72 to $78 per

year. Upon motion of Dr. Welch the matter was placed in the hands of Dr. Johnson with power to act.

A communication was received from Dr. Jones, the Librarian, in regard to the neglect of the Janitor to perform his duty. Upon motion of Dr. Tiffany, Dr. Johnson was directed to inquire into the matter.

Upon motion adjourned.

J. T. SMITH,
Secretary pro tem.

BALTIMORE, MD., March 28, 1895.

The Executive Committee of the Faculty met in the office of Dr. Tiffany and was called to order by the Chairman, Dr. Tiffany, at 9 P. M. Present, Drs. Tiffany, Welch, Rohe, Kemp, Streett and Smith.

The Chairman read a letter from Mr. Birckhead saying that he would release the Faculty from any further lease of the hall as he had received the required notice and that he would rent them the hall in future by the month at a rental of $50.00 per month.

A request was also presented from Mr. Birckhead asking that the rent now due, and amounting to $500.00, be paid at once. The Treasurer said he would meet the obligation in a few days, and he was so directed.

Dr. Welch reported that the Committee on Program had nearly completed its work; that Dr. M. Allen Starr would be the Orator, and that they had selected the subject of "Typhoid Fever in Country Districts" as the subject for discussion to be opened by Dr. Osler. Adopted.

Dr. Streett moved that the usual notices of the Faculty meeting be omitted; that a brief notice only be inserted in the papers and that Dr. Smith prepare such. Adopted.

Upon motion of Dr. Rohe it was resolved to insert the notice in the SUN and AMERICAN on the Tuesday of the

week before the meeting and on the Monday and Tuesday of that week.

Upon motion adjourned.

J. T. SMITH,
Secretary pro tem.

REPORT OF PUBLICATION COMMITTEE.

BALTIMORE, MD., April 24, 1884.

MR PRESIDENT AND MEMBERS:—The Committee had published early in 1894 the TRANSACTIONS of 1894. As was the case the previous year the volume contained the Minutes of the Faculty, the Reports and the addresses of the President and Orator.

A copy of the TRANSACTIONS was mailed to each member of the Faculty and to the usual Associations, outside, on our list.

As the Faculty does not publish the papers read before it for financial reasons only, your Committe would urge those who read papers to furnish the Corresponding Secretary with typewritten copies of them, in order that they may be filed away in the Library of the Faculty.

All of which is respectfully submitted.

JOSEPH T. SMITH.
W. F. A. KEMP.
DAVID STREETT.
M. B. BILLINGSLEA.
J. W. CHAMBERS.

REPORT OF THE LIBRARY COMMITTEE.

MR. PRESIDENT AND GENTLEMEN OF THE FACULTY:—The Library Committee has the honor to report that soon after its appointment it organized and elected Dr. George J. Preston, Secretary.

Dr. C. Hampson Jones was re-elected Librarian and Registrar and Mr. Isaac Jones was re-elected as Assistant.

The amount of work done by the committee was less than in several preceeding years. As the finances of the Faculty were in a depleted condition at the time of the last report, the Committee determined to curtail the library expenses as far as possible; this, however, could only be done by having a fewer number of books bound and a smaller number of new books added to the Library. as the Committtee did not think it advisable to stop any of the journals on our regular subscription list.

The total number of volumes in the Library in April, 1891 was 7897; of these 840 were duplicates. At the present time there are 9250, of which 1025 are duplicates.

During the past year the following journals have been received by subscription:—weeklies, 15; thrice-weekly, 2; monthlies, 14; quarterlies, 7; semi-annual, 1; transactions, 6; irregular, 3; total, 48. By exchange: weeklies, 6; semi-monthlies, 2; monthlies, 15; Hopkins publications, 3; transactions, 39; Baltimore health reports, 8; government reports, 1; total, 74.

The Library has received 30 books from Dr. Linthicum, of Savage, Md.; two from Dr. William Osler, 6 from Dr. Herbert Harlan and 1 from Dr. C. Hampson Jones.

The following new books have been added to the Library: Fowler on Appendictitis, Vol. 19, TRANSACTIONS, American Gynecological Society, Grandin's Obstetrics, Surgical Gynecology by Keating and Coe. There have been 254 calls for books by 57 members of the Faculty.

Sixty volumes have been bound during the year.

The Committee regrets to announce that the privilege of obtaining books from the Surgeon General's Library in Washington, so long enjoyed by the Faculty, has been

withdrawn. In a letter to the Librarian it is stated that "the liberal policy heretofore pursued in lending books from this collection" has to be restricted, and that "the Library is not a lending one." This fact emphasizes the necessity of ample appropriations to the Library, in order to enable the Library Committee to continue the journal lists, and as far as possible to make these lists complete.

The funds received by the committee have been:

From Dr. W. F. A. Kemp, Treasurer	$376 30
" Dr. W. F. A Kemp, for fines and dues	4 87
Received for shelving, etc., as per resolution of the Faculty passed last year	31 70
Received from the Nurses' Directory	71 30
Balance from Committee of last year	54 45
	$538 62

DISBURSEMENTS.

Salary for Librarian and Assistant	$300 00
New Books	15 10
Journal Subscriptions	252 86
D. Appleton & Co	35 00
Printing, Stationery and Library expenses	54 45
	$628 37

The amount of expenses over the receipts has been $89.75, which was advanced by the chairman of the committee, but has not been paid him by the Treasurer. In comparing the amount expended the present year with that of the two preceding years we find that it is nearly three hundred dollars less than in either of these years, but this was accomplished only by withholding the books and Journals from the binder and by not purchasing the usual number of new books.

In 1893 the committee received $710.26 from the Treasurer, in 1894 $763.40, while this year it only received $376.30.

NURSES' DIRECTORY.

The amount received from the Directory during the year—$71.30—is much less than in any preceding year, but it is to be hoped and expected that when we get into our new building the facilities for conducting the Directory will be such that a great increase in work and a corresponding increase in receipts will result.

During the year there were 69 calls for nurses. There are now in the Directory, 29 female trained nurses, 9 female untrained nurses, 10 male nurses.

All of which is respectfully submitted.

B. BERNARD BROWNE, M. D., *Chairman.*
G. J. PRESTON.
WM. OSLER.
S. K. MERRICK.
C. W. MITCHELL.

REPORT OF COMMITTEE ON LEGISLATION.

I beg leave to report with regard to the last act of Medical legislation in this State, viz.: "The Law to Regulate the Practice of Medicine," which was passed at the session of the Legislature in 1892 and amended in 1894, has practically, up to this date, been a dead letter, except in so far as the working of the Board of Medical Examiners is concerned, which has been most satisfactory and gratifying in its results. Up to this time it has seemed impossible to get the proper officials to prosecute any violators of this act, although there are any number of such to be found and no lack of evidence if properly sought for, to convict. The violations of the law are even so *flagrant* as to extend to those who have been turned down by the Board, and yet no hand has been raised in its prosecution. That such a condition

of things is most unjust to those who have the courage and honesty to enter the prescribed doorway and place themselves on an honorable footing with the recognized members of our profession, is most evident, and the ultimate end sought by this law, namely, the elevation and maintenance of a higher standard of Medical education and the exclusion from our ranks of those who are likely to bring our profession into disrepute and disgrace, has been thus far frustrated. On whom does the responsibility for this failure rest? Or wherein does it lie? Certainly not on the Board of Medical Examiners, whose duty it is to examine those who present themselves for examination, and not to prosecute the violators of the law. Such a function was practically denied the Board by a committee appointed by this Faculty to prepare the amendments which were passed by the last Legislature, when it refused to allow the Board to direct registration, a most grievous mistake, as results have proven. Officials are next charged with omission of their duty in not bringing to justice such violators, and however much blame belongs to them for such omission, it matters little to us if we are powerless to correct them. In the opinion of your committee it is unquestionably the duty of the Faculty, which has initiated the proceeding, to use all honorable means to make it thoroughly efficient in the letter as well as in the spirit. To this end your committee would therefore beg leave to make the following recommendations for the furtherance of their object, and which will also be embraced in a series of resolutions to be offered after this report has been acted upon: 1st. That a committee of three be at once appointed by the President of this Faculty to look after the enforcement of the law to regulate the practice of medicine in this State, who are hereby authorized to employ an agent for the detection of violators and proper counsel for their prosecution.

2nd. That the State Licensing Board be instructed to turn over to this committee all surplus funds for the purpose of carrying out the provisions of these resolutions.

All of which is respectfully submitted.

S. T. EARLE,
T. W. SIMMONS,
F. D. SANGER,
CHAS. O'DONOVAN, JR.
W. H. WELCH,
E. C. ETCHISON,
T. P. MCCORMICK,
J. H. JAMAR,
A. FRIEDENWALD,
JOHN B. HART,
W. FRANK HINES,
I. E. ATKINSON,
JACKSON PIPER,
C. G. W. MACGILL.

Committee on Legislation.

REPORT OF COMMITTEE ON PREVENTION OF BLINDNESS.

Interest in the work of the Committee on Prevention of Blindness centres in the results of the law enacted by the State Legislature at the last session. Several cases of violation have come to our notice. At the University, City and Presbyterian Eye and Ear Hospitals inquiry is always made regarding the responsibility of the midwife. Such cases as promised best for test cases were investigated by the Committee, but none seemed strong enough to assure conviction. It was, however, discovered that the city midwives are generally ignorant of the law. Accordingly, the following letter was mailed to each one registered at the City Hall:

TO THE MIDWIVES OF MARYLAND.

The number of children who become blind from inflamation of the eyes during the first few weeks of life is very large. This is more to be deplored because such eyes can be saved by proper medical treatment, *if begun as soon as inflamation appears*. Our State Legislature at its recent session enacted the following law, which was published in the daily papers. We again call your attention to it:

CHAPTER 511.

AN ACT TO PREVENT BLINDNESS IN INFANTS.

SECTION 1.—Be it enacted by the General Assembly of Maryland: That if at any time within two weeks after the birth of any infant one or both of its eyes, or eyelids, are reddened, inflamed, swollen, or dischargiug pus, the midwife, nurse or person other than a legally qualified physician, in charge of such infant, shall refrain from the application of any remedy for the same, and shall immediately report such condition to the Health Commissioner, or to some legally qualified physician in the city, county or town wherein the infant is cared for.

SEC. 2.—And be it enacted, that any person or persons violating the provisions of this Act shall, upon conviction, be punished by a fine not to exceed one hundred dollars, or by imprisonment in jail not to exceed six months, or by both fine and imprisonment.

SEC. 3.—And be it enacted, that this Act shall take effect from the date of its passage.

Approved April 6, 1894.

FRANK BROWN, *Governor.*

JOHN WALTER SMITH,
President of the Senate.

JAMES H. PRESTON,
Speaker of the House of Delegates.

We hereby certify that the foregoing is a correct copy of an Act of the General Assembly of Maryland, passed January Session, 1894.

J. ROGER MCSHERRY,
Secretary of the Senate.

B. L. SMITH,
Chief Clerk of the House of Delegates.

Several cases of violation of this law have occurred in Baltimore. They have been placed in the hands of the State's Attorney. Hereafter, all such cases coming to our knowledge shall be reported to the proper officer for prosecution.

HIRAM WOODS, M. D.,
H. FRIEDENWALD, M. D.,
JAMES F. MCSHANE, M. D.,
Health Comm'r of Baltimore.
WILMER BRINTON, M. D.,
L. E. NEALE, M. D.,
} Board appointed by the Medical and Chirurgical Faculty of Maryland to to aid in enforcement of the Law to Prevent Blindness in Infants.

It is stated in this letter that the cases "have been placed in the hands of the State's Attorney." It is nearer the truth to say that an attempt was made to so place them. The Committee who visited the State's Attorney's office was told that the way to proceed was to obtain evidence, have a magistrate issue a warrant and give the accused a hearing; that it did not belong to the State's Attorney's office to inquire into facts or to effect arrests. Thus, if this opinion is correct, the enforcement of the law, at least as far as preparing cases, is thrown upon the Committee. This work demands time the members can ill afford to give, and legal knowledge they do not possess. It throws upon them individually the responsibility of arrest. To secure conviction there must be, we think, loss of the eyes, willingness of the parents to prosecute, and proof that the midwife knew about the law. Legally this last is not necessary, but it is doubtful if conviction could be secured without it. In

time such a case will doubtless be found, though it has not been as yet. Failure to convict would be worse than delay. In the meantime, there is gratifying evidence that the law has done good in another way. Since January, '95 but one case of violation has been offered. On the contrary, infants are frequently sent to the Eye Hospital by the midwives. Previous to the letter above reported this was rarely done. Two cases have been reported at the Health Office and received attention. The Committee asks that physicians generally will report to the Heath Officer or the Committee cases needing investigation.

Respectfully submitted.

HIRAM WOODS, JR.,
WILMER BRINTON,
JAMES F. MCSHANE,
HARRY FRIEDENWALD,
L. E. NEALE.
Committee.

REPORT OF COMMITTEE ON PERMANENT LOCATION.

Wednesday, April 24th, 1895.

TO THE MEDICAL AND CHIRURGICAL FACULTY:—The Committee held about a dozen meetings from November 10th, 1894 to April 12th, 1895.

A number of buildings were inspected by the several members and recommended to the Committee. Many of these though thoroughly desirable, would, in the opinion of the Committee, cost more than the Faculty could at present afford to pay. After discussing the propriety of separating the Library from the Faculty proper, and after hearing from other organizations in Boston, New York and Philadelphia, the Committee

decided not to rent temporary quarters with a view to final ownership but to recommend the purchase of one of the three houses suggested by a member of the Sub-Committee, on North Eutaw street, near Biddle.

Much discussion was held regarding the ways and means to be recommended to your Honorable body by which the property should be obtained and managed. The consensus of opinion finally evolved was embodied in a circular which was issued to the Faculty.

This "circular" together with the following series of resolutions was submitted to, and after minor changes, approved by the Faculty at a special meeting, March 20th, 1895.

Resolutions Offered by the Committee on Permanent Location.

Revised and adopted March 20th, 1895, by the Faculty.

1. *Resolved,* That the suggestions of the Committee on Permanent Location recommending the purchase of a house No. 839 N. Eutaw street be adopted and that the Committee be authorized to take proper steps to secure this property on the terms set forth in their report; or if they prefer they are authorized to purchase 847 N. Eutaw street for the sum of ten thousand ($10,000.00) dollars on terms stated by Dr. Merrick for Gill & Sons, and to be put in writing March 22nd, 1895. viz: three thousand ($3,000.00) dollars cash and seven thousand ($7,000.00) dollars on mortgage for five years at five per per cent.

2. *Resolved,* That the Committee on Permanent Location be authorized to borrow four thousand ($4,000.00) dollars from such members of the Faculty who are willing to loan money to the Faculty, and that the notes of the Faculty signed by its proper officers (President

and Treasurer) be issued in such sums as may be necessary to meet the iudividual loans, said notes to be made payable within ten years from date with interest, payable annually at 5 per cent.

Resolved, That the annual dues of the City members be increased after the end of the present fiscal year from $5.00 to $6.00.

Resolved, That the several subscribers of $100.00 each who pay their subscriptions on or before April 15th, 1895 may commute the interest on their notes due them from the Faculty, each year by their annual dues until full payment of said loans be made by the Faculty, and the Treasurer is hereby directed to enter such names on his books and redeem the said interest in accordance with this resolution. (Amend. Constitution.)

4. *Resolved*, That a Board of ten Trustees be appointed by the President in accordance with circulars issued by the Committee on Permanent Location. To provide for the proper management of the property acquired, your committee recommends that a Board of ten Trustees be appointed by the President, in whom the management and disposal of the property shall be vested, the first Board to draw lots as to terms of office, the shortest term being one year and the longest being ten years, the Board to be so arranged that one member shall retire annually and one be elected annually by the Faculty, said board to have authority to fill vacancies from death or resignation whenever such vacancies occur. (Amend. Constitution.

5. *Resolved*, That as soon as the house No. 839 or 847 N. Eutaw street becomes the property of the Faculty, the Board of Trustees be authorized to have the building arranged for the use of the Faculty. That the sum of $1,000.00 or so much thereof as may be necessary be taken out of the $4,000.00 loaned to the Faculty, to be appropriated for repairs, remodeling, shelves, furniture,

furnaces, incidentals and removal of the books, furniture, and shelving owned by the Faculty.

6. *Resolved*, That the appropriation to the Library, including the salary of the Librarian, Registrar of the Nurses Directory and Assistant Librarian and Assistant Registrar be limited for the next year to an expense not exceeding $600.00, and for future years the amount to be appropriated shall be determined by the Executive Committee at the first meeting in each year upon itemized estimates submitted by the outgoing Library Committee at the previous annual meeting. (Amend. Constitution.)

7. *Resolved*, That proper notice be given on or before March 30th, 1895, to the owner of the premises now occupied by the Faculty, of its intention to vacate said premises at the end of the present lease.

8. *Resolved*, That the Treasurer be and is hereby directed to turn over to the Trustees the sum of $192.00 now listed under assets, title "Building Fund" to be expended as part payment in the purchase of the building referred to in these resolutions.

9. *Resolved*, That the thanks of the Faculty be and are hereby returned to the Faculties of the respective Medical Colleges of the city which have kindly offered the use of their buildings for the Annual Meetings of this Society, and that the same be accepted.

10. *Resolved*, That the Board of Trustees at each Annual Meeting report in writing, giving a financial statement of their receipts and expenditures during the past fiscal year.

In the discussion of the Circular and the resolutions, the Chairman of the Committee submitted estimates carefully prepared by a Sub-Committee, embodying the cost of the building, the probable expenses to be incurred in remodeling, shelving, furnishing and moving from our old quarters, all of which is not necessary here to repeat.

On March 22nd, 1895, the building No. 847 N. Eutaw street, offered by Messrs. N. Rufus Gill & Sons, was inspected by your Committee and a written proposition received from that firm offering the house 847 N. Eutaw street at the same figure that your Committee had been authorized to give for another house in the immediate neighborhood. As this house with the back building is almost two feet wider than others examined, and apparently more desirable for the use of the Faculty, the Committee, at a meeting on the 22nd of March, unanimously ordered a Sub-Committee to purchase the same in the name of the Faculty.

Through the efforts of a Sub-Committee but mainly through the efforts of Dr. Ashby, some $2,700.00 was promptly loaned to the Society by about thirty members. After borrowing temporarily about $400.00 the Sub-Committee paid the required amount on April 18th, 1895, and now hold the deed to same.

On the following day a deed was passed by the President of the Faculty to the trustees of the Faculty for the several subscriptions made. Both of these papers are in the Record office being recorded. Receipts for same are held by Sub-Committee.

Members of the Faculty still have an opportunity to show their appreciation of the laudable efforts of the Committee by loaning from $20.00 to $100.00 each to the Faculty upon the very reasonable terms set forth in the circular as issued by the Sub-Committee. As remarked in the circular, every member should take an honest pride in subscribing to the loan fund.

We still need money with which to prepare the Building for the Library, Nurses Directory and meetings of the local societies which can be amply accomodated within its walls. When it is remembered that dues are cancelled by the interest on the notes all should feel bound to lend a helping hand.

Your chairman, by order of the committee, endorsed by the Faculty, notified the owners of the present quarters of our intention to vacate at the end of our lease, June 1st, 1895, and the proprietors have kindly consented to allow us to remain as monthly tenants at $50.00 per month until such time as we may be able to occupy our new quarters, into possession of which we we will come certainly by the 1st of September, 1895, and very probably before that date.

All of which is respectfully submitted.

L. McLane Tiffany, *Chairman.*
B. Bernard Browne,
H. P. C. Wilson,
J. J. Chisolm,
G. W. Miltenberger,
G. Lane Tankyhill, *Secretary.*
William H. Welch,
Wilmer Brinton,
Thos. A. Ashby,
A. Friedenwald,
G. J. Preston,
D. W. Cathell,
Hiram Woods, Jr.,
William Osler,
Henry M. Wilson.

Rules for the Government of the Library.

Adopted May 9th and 12th, 1892.

I. The Librarian or Assistant Librarian shall attend in the Library Rooms daily except Sunday and legal holidays, from 12 o'clock until 6 o'clock P. M., during which hours only, books and journals may be taken from the Library.

II. Each member of the Faculty, paying the annual dues, shall be entitled to take out at one time, four volumes duodecimo, two volumes octavo, one volume quarto or one volume folio. This rule may be suspended by the written order of three members of the Library Committee.

III. City members retaining books longer than *two weeks* and county members longer than *four weeks*, shall be subject to the following *fines* per week, viz: 10 cents for the first week, 20 cents for the second week, 30 cents for the third week, and 10 cents per week for every week thereafter. Such fines shall be appropriated exclusively for the benefit of the Library.

IV. No book shall be delivered to a member unless in person or to his written order. A member receiving a book shall be held responsible for it from the time of its delivery until its return to the Library.

V. A member not returning a book or books belonging to the Library within four weeks after the date of receiving them, shall be notified *by the Librarian* that he is incurring a fine; and if they be not returned within three months, in the absence of satisfactory reasons therefor, the Librarian shall recover them, or if they be lost, their value in behalf of the Faculty; otherwise the

defaulting member shall forfeit the privileges of the Library, and shall be reported at the next annual convention of the Faculty, by the Library Committee. Should any book be injured or defaced while in the possession of a member, he shall be fined at the discretion of the Library Committee, or, at his option, may furnish such a copy of the same work as shall be acceptable to the Committee.

VI. If any member, upon returning a book, shall find that there has been no application for it while in his possession, he may take it again for the time allowed in Rule III, but may not take it out a third time until after the expiration of one week succeeding its return to the Library. New books may not be taken by members for more than one term of two weeks until after the expiration of one additional week after their return.

VII. Members are not entitled to receive books from the Library until all arrearages for fines are paid. Fines may be remitted or reduced, for just and sufficient reasons, by the Library Committee.

VIII. The Librarian shall appropriately number and stamp the books, pamphlets and periodicals, and place them in proper order on the shelves. He shall obtain and keep a correct list of the members paying the annual dues. He shall record, in a book kept for that purpose, the names of members who receive books from the Library, the titles and sizes of the books, the time of their delivery and of their return. He shall continue the catalogue of the books, pamphlets, periodicals, etc.; keep an account of all moneys received by him for fines, contributions, sales, etc.; which moneys he shall pay into the hands of the Chairman of the Library Committee on the last week day of each month. He shall report during the last week in March of each year to the Library Committee, a statement of such donations of money or of books as may have been made to the Library, with the

names of the donors, as well as of such books, pamphlets, periodicals or of other valuable matter as may have come into the possession of the Library by purchase, exchange, or otherwise. He shall keep a record of all books, periodicals, etc., upon the subscription list of the Library Committee, shall keep due record of their receipt at the proper time, and shall report to the Library Committee the non-receipt of any when over due. He shall keep on file applications for such books as may have been let out of the Library; and make any suggestion to the Committee he may deem necessary.

IX. Under no circumstances will members be permitted to remove new books, new journals, or other recently received matter, before such time as the Library Committee shall determine.

X. Scarce and valuable books, the loss of which it would be difficult to replace, shall not be removed from the Library rooms without the approbation of two members of the Library Committee.

XI. The Librarian is empowerd to sell or exchange duplicate books, journals, etc., upon such terms as may appear advantageous, upon the approval of the Library Committee.

Resolutions, Amendments, &c., Affecting the Constitution, from 1885 to 1895, Inclusive.

May 16th, 1885, by Dr. J. Edwin Michael. Changing the word *gentlemen* to the word person in Article IV, Sec. 1, of the Constitution, and changing phraseology throughout to correspond.

May 16, 1885, by Dr. E. Cordell. Changing Article IX of the Constitution to read "The Annual Meetings of the Faculty shall be held in the city of Baltimore on the fourth Tuesday in April, or at such date as the Executive Committee, with the concurrence of the President, shall appoint. A Semi-Annual Meeting may be held at such time and place as the Executive Committee may designate."

May 1st, 1886, by Dr. G. Lane Taneyhill. Article VIII, of the Constitution, to read, "All resignations must be sent to the Corresponding Secretary, and can be accepted only by the Faculty, at any meeting except a memorial meeting."

May 1st, 1886, by Dr. G. Lane Taneyhill. "That the Corresponding Secretary, in giving notice of an Annual Meeting, shall do so at least two weeks before the date of such meeting."

April 29th, 1887, by Dr. John R. Quinan. Article III, Section 5, of the Constitution to read as follows between the words "referred to them" and "shall present:" He shall notify all members, by circular or otherwise, of the time and place of each meeting, and, if it be an Annual one, he shall issue such notice at least two weeks before said Annual Meeting.

April 17th, 1888, by the Secretary. *Resolved*, That the Treasurer is hereby instructed, annually, until otherwise ordered; to mail on April 1st, a printed statement of all indebtedness to all members who are delinquent, stating the year of delinquency, and informing such members that by the Constitution, unless payment be made before the fourth Tuesday of April, they are temporarily deprived of the privileges of the Faculty, among which are voting, elegibility to office, and appointment on Standing Committees, Sections, or as Delegates to any Convention.

Resolved, That the Treasurer is hereby instructed, annually, until otherwise ordered, to hand up to the presiding officer, at the close of the third day's session, a revised list of delinquents, resignations, deaths, and dropped for non-payment of dues of members, in order that the President may complete a proper list of appointees for the ensuing year.

April 27th, 1889, by Dr. Charles H. Jones, on motion to adopt the report of the Committee on Increasing Membership. "Change Article X of the Constitution, making dues of city members after the fourth Tuesday in April, 1890, $5.00, and those of county members $2.00. Also change the phraseology of Section 1, Article IV, to read five instead of eight."

April 27th, 1889, by Dr. Randolph Winslow. Change Section 2, Article VI, to allow the papers read before the Faculty to be published elsewhere than in the TRANSACTIONS, provided they have not been read previously before any medical society, and that such publication take place after they have been read before the Faculty.

April 25th, 1890, The following "Rules" offered by Dr. B. B. Browne, Chairman of the Library Committee, were adopted: "City members retaining books longer than two weeks, and county members longer than four weeks, shall be subject to the following fines per week,

viz.: 10 cents for the first week, 20 cents for the second week, 30 cents for the third week and 20 cents per week for each week thereafter. Such fines shall be appropriated exclusively for the benefit of the Library."

April 24th, 1890, On motion of Dr. B. B. Browne, *Resolved*, That at the Annual Convention, *an executive session* be held on Wednesday, the second day of the Convention, at 8 P. M. That at this meeting the reports of all the Committees shall be read, miscellaneous business shall be considered, and the election of officers take place.

April 29th, 1891, by Dr. J. C. Hemmeter. The *titles* of all reports and papers must be sent to the Recording Secretary *at least one week before* the opening of the meeting at which it is desired to read the paper.

April 23rd, 1891, by the Library Committee. *Resolved*, That the sum appropriated by the the Faculty for the use of the Library be disbursed to the Chairman of the Library Committee in equal payments, the first to be made on or before May 10th, the second on or before August 15th, the third on or before January 15th, and the fourth on or before April 15th, of each year.

April 27th, 1892, by the Library Committee. *Resolved*, That *one-half* of all the *initiation fees* and *annual dues* be paid to the Library instead of five-eights of the dues from city and two-thirds from county members, as at present.

April 27th, 1892, by Dr. Hiram Woods. The Chairman of each Section shall select some member of the Faculty to open the discussion upon one of the papers to be read by his Section. He shall send to the Recording Secretary the name of the one selected when he sends the titles of papers to be presented by his Section.

April 26th, 1893, by Dr. Wm. H. Welch. *Ordered*, that the Recording Secretary assist the Chairmen of the

Examining Boards to prepare and issue the diplomas of membership, it being already his duty to affix the seal to the diplomas.

April 26th; 1894, by Executive Committee. In Art. V, Sec. 1, of Constitution, omit the words "and Sections" and all that follows after the word "Committee on Ethics," insert "Committee on Programme" after "Committee on Ethics."

Omit the word Section or Sections (when used to designate Section on Surgery, Section on practice of Medicine, etc., as enumerated in Article V, Section 1,) from Article III, Sections 1, 3, 5, 7, Article V, Section 2, and change the phraseology to correspond with these omissions. Omit the last paragraph beginning "each section," etc., in Article V, Section 2. Change Article III, Section 1, paragraph 1, to read thus: He shall call a special meeting at such times as the interests of the Faculty may require.

In Article VI, after Section 5, introduce the following: "Section 6." *The Committee on Programme* shall procure papers to be read at the Annual and Semi-Annual Meetings of the Faculty.

Make membership of Executive Committee 7 instead of 6, including Recording Secretary and Treasurer *ex-officio* members of this Committee.

Under By-Laws, Sec. 1, omit "13 Report of Sections, in order of appointment," in the following line omit the word "Volunteer," and in order "18, announcement of Committees, Sections, etc.," omit the word "Sections."

On amendments of April 27th, 1888, by the Seeretary. Omit the word "Sections."

Introduce motion limiting time for reading papers (with exception of general addresses) to 20 minutes.

April 24th, 1895. ARTICLE X. Title, Dues. To read: "For the purpose of defraying the expenses of publishing

the TRANSACTIONS, of increasing the efficiency of the Library and of meeting incidental expenses, each member of the Faculty residing in the city of Baltimore shall be assessed six dollars annually. The members residing in the counties shall be assessed two dollars annually. These assessments must be paid within thirty days after each annual meeting. It shall be competent for the Faculty to levy additional assessments if the emergencies of the treasury should require it."

ARTICLE XI. Title, Dues and Appropriations to the Library. "That for the first fiscal year, beginning April 23, 1895, the appropriation to the Library, including the salary of the Librarian, Registrar of Nurses, Secretary, Assistant Librarian and Assistant Registrar of Nurses Directory be $600. In future years the amount to be appropriated shall be determined by the Executive Committee at its first meeting in each year, upon itemized estimates submitted by the out-going Library Committee at the previous annual meeting."

ARTICLE XII. New Article. Trustees. "That the Board of Trustees (formed by the Faculty March 20, 1895) render, in writing, a report giving a financial statement of their receipts and expenditures during the past fiscal year."

Change Article XII to XIII.

"That no doctor of medicine who has graduated since June, 1892, shall be elegible for membership in this Faculty, unless he has passed the examination of the Board of Medical Examiners of the State of Maryland and is recommended for membership by a member of this organization."

LIST OF PRESIDENTS—1799-1895.

UPTON SCOTT—1799-1801.
PHILIP THOMAS—1801-15.
ENNALS MARTIN—1815-20.
ROBERT MOORE—1820-26.
ROBERT GOLDSBOROUGH—1826-36.
MAXWELL MCDOWELL—1836-41.
JOEL HOPKINS—1841-48.
RICHARD C. STEUART—1848-51.
WILLIAM W. HANDY—1851-52.
MICHAEL S. BAER—1852-53.
JOHN L. YATES—1853-54.
JOHN FONERDEN—1854-55.
JACOB BAER—1855-56.
CHRISTOPHER C. COX—1856-57.
JOSHUA I. COHEN—1857-58.
JOEL HOPKINS—1858-59.
GEO. C. M. ROBERTS—1859-70.
JOHN R. W. DUNBAR—1870.
NATHAN R. SMITH—1870-72.
P. C. WILLIAMS—1872-73.
CHARLES H. OHR—1873-74.
HENRY M. WILSON—1874-75.
JOHN F. MONMONIER—1875-76.
CHRISTOPHER JOHNSTON—1876-77.
ABRAM B. ARNOLD—1877-78.
SAMUEL P. SMITH—1878-79.
SAMUEL C. CHEW—1879-80.
H. P. C. WILSON—1880-81.
FRANK DONALDSON—1881-82.
WILLIAM M. KEMP—1882-83.
RICHARD MCSHERRY—1883-84.
JOHN R. QUINAN—1885-86.

GEO. W. MILTENBERGER—1886-87.
I. EDMONDSON ATKINSON—1887-88.
JOHN MORRIS—1888-89.
AARON FRIEDENWALD—1889-90.
THOMAS A. ASHBY—1890-91.
WM. H. WELCH—1891-92.
L. MCLANE TIFFANY—1892-93.
GEORGE H. ROHÉ—1893-94.
ROBERT W. JOHNSON—1894-95.
J. EDWIN MICHAEL—1895-96.

LIST OF VICE-PRESIDENTS.

1799-1848.....

1848-51—John Readel, Jacob Bear, P. Wroth.

1851-52.....

1852-53.....

1853-54—John Fonerden, Albert Ritchie, P. Wroth.

1854-55—Geo. C. M. Roberts,....., ...

1855-56—Geo. C. M. Roberts, G. W. Miltenberger, M. Diffenderfer.

1856-57—P. Wroth, Wm. H. Davis, Samuel Smith.

1857-58—Wm. Waters, Frederick Dorsey, Joel Hopkins.

1858-59— Samuel Chew, Stephen N. C. White, Samuel K. Handy.

1859-60—John W. R. Dunbar, Samuel Chew, Wm. M. Kemp.

1860-71.....

1871-72—C. H. Ohr, Edward Warren, Richard Mc Sherry.

1872-73....., ..., ...

1873-74—S. C. Chew, H. M. Wilson, A. B. Arnold.

1874-75—Francis T. Miles, Jas. A. Steuart, D. A. O'Donnell.

1875-76—Christopher Johnston. A. B. Arnold, J. C. Thomas.

1876-77—P. C. Williams, Jas. A. Steuart, Francis T. Miles.

1877-78—S. C. Chew, F. E. Chatard, Chas. H. Jones.

1878-79—Jas. C. Thomas, L. McLane Tiffany.

1879-80—H. P. C. Wilson, Jas. A. Steuart.

1880-81—L. McLane Tiffany, G. Ellis Porter.

1881-82—A. H. Bayly, I. E. Atkinson.

1882-83—Thomas S. Latimer, Richard McSherry.

1883-84—W. Stump Forwood, J. S. Lynch.

1884-85—JOHN R. QUINAN, I. E. ATKINSON.
1885-86—E. C. BALDWIN, J. E. MICHAEL.
1886-87—THOS. OPIE, RICHARD GUNDRY.
1887-88—CHAS. H. JONES, JAS. CAREY THOMAS.
1888-89—J. E. MICHAEL, THOS. P. EVANS.
1889-90—T. A. ASHBY, C. G. W. MCGILL.
1880-91—GEO. H. ROHÉ, J. MCPHERSON SCOTT.
1891-92—J. W. HUMRICKHOUSE, DAVID STREETT.
1882-93—J. W. DOWNEY, J. W. CHAMBERS.
1893-94—JOHN D. BLAKE, JOHN S. FULTON.
1894-95—CHAS. H. JONES, W. M. NIMISER.
1895-96— ———, ——— CLOTWORTHY BIRNIE.

The list of Vice-Presidents exposes the incompleteness of our records. It is earnestly hoped that all members of the Faculty who possess or may discover records of election or lists of officers for any year from 1799-1843, 1851-1858, 1860-1871, or 1872-1879 will communicate such information to the Recording Secretary.

ACTIVE MEMBERS—1895.

*Deceased during the year.

†Three years in arrears for dues, and will hereafter be dropped.

Abel, John J., 1604 Bolton Street, Baltimore.
Ames, Delano, 108 E. Preston Street, Baltimore.
Anderson, Chas. L. G., Hagerstown, Md.
Anderson, Edward, Rockville, Md.
Andre, J. Ridgeway, 1123 E. Baltimore St., Baltimore.
Applegarth, Edward Carey, 1511 W. Fayette, St., Balto.
Archer, W. S., Belair, Md.
Aronsohn, Abram, 1601 Linden Avenue, Baltimore.
Ashby, Thos. A., 1125 Madison Avenue, Baltimore.
Atkinson, G. T.. Crisfield, Md.
Atkinson, I. E., 605 Cathedral Street, Baltimore.
Baldwin, Ed. C., 304 N. Exeter Street, Baltimore.
Barnes, Wm. M., 1525 W. Lanvale Street, Baltimore.
Batchelor, Kemp B., 1807 N. Charles Street, Baltimore.
Bateman, J. M. H., Easton, Md.
Bates, J. W. P. 1020 E. Baltimore Street, Baltimore.
Baxley, Hy. M., 1550 Madison Avenue, Baltimore.
Beckley, E. L., Middletown, Md.
Belt, Alfred M., 1010 Cathedral Street, Baltimore.
Belt, S. J., 314 N. Exeter Street, Baltimore.
Benham, Chas. Hy., Girdletree, Md.
Bennett, Jas. Bates,253 S. Broadway, Baltimore.
Benson, B. R., Cockeysville, Md.
Benson, Jas. E., Cockeysville, Md.
Berkely, Harry J., 1303 Park Avenue, Baltimore.
Bernstein, Ed. J., 800 Madison Avenue, Baltimore.
Bevan, C. Fred, 807 Cathedral Street, Baltimore.
Biedler, H. H., 119 W. Saratoga Street, Baltimore.
Billingslea, M. B., 1206 E. Preston Street, Baltimore.
Birnie, Clotworthy, Taneytown, Md.

Bishop, E. Tracy, Smithsburg, Md.
Blaisdell, W. S., Punxsutawney, Pa.
Blake, John D., 602 S. Paca Street, Baltimore.
Bloodgood, J. C., Johns Hopkins Hospital, Baltimore.
Blum, Joseph, 641 Columbia Avenue, Baltimore.
Bond, A Kerr, 889 Park Avenue, Baltimore.
Bond, S. B., 23 W. Chase Street, Baltimore.
Bolton, John H., 1201 N. Broadway, Baltimore.
Booker, W. D., 851 Park Avenue, Baltimore.
Bordley, James, Centreville, Md.
Bosley, James, 1100 W. Lanvale Street, Baltimore.
Branham, J. H., 538 N. Arlington Avenue, Baltimore.
Brawner, J. B., Emmittsburg, Md.
Brayshaw, Thos. H., Glenburnie, Md.
Bressler, Frank C., 1713 Bank Street, Baltimore.
Brinton, Wilmer, S. W. Calvert and Preston Sts., Balto.
Briscoe, Philip, Port Republic, Md.
Bromwell, J. E., Mt. Airy, Md.
*Brown, Jas., 131 W. Lanvale Street, Baltimore.
Browne, B. B., 1218 Madison Avenue, Baltimore.
Brush, Ed. N., Sheppard Asylum, Towson, Md.
Buddenbohn, C. L., 418 S. Paca Street, Baltimore.
Byrne, Bernard J., Ellicott City, Md.
Campbell, W. H. H., Owing's Mills, Md.
Canfield, Wm. B., 1010 N. Charles Street, Baltimore.
Carr, M. A. R. F., Cumberland, Md.,
Carter, Merville H., 1800 W. Baltimore St., Baltimore.
Carpenter, Geo. H., Cumberland, Md.
Cathell, D. W., 1308 N. Charles Street, Baltimore.
Cathell, W. T , 1308 N. Charles Street, Baltimore.
Chabot, G. H., 1111 E. Preston Street, Baltimore.
Chambers, Jno. W., 18 W. Franklin Street, Baltimore.
Chamberlaine, J. E. M., Easton, Md.
Chapman, Pierson, Perrymans, Md.
Chatard, Ferd. E., 567 Park Avenue, Baltimore.
Chew, Samuel C., 215 W. Lanvale Street, Baltimore.
Chisolm, Frank M., 114 W. Franklin Street, Baltimore.

Chisolm, Julian J., 114 W. Franklin Street, Baltimore.
Christian, J. H., 1801 Madison Avenue, Baltimore.
Chunn W. P., 1023 Madison Avenue, Baltimore.
Claggett, J. E., 108 S. Eutaw Street, Baltimore.
Clark, Thad. W., 10 W. Hamilton Street, Baltimore.
Clark, W. B., South Baltimore, Md.
Clark, Jos. Clement, Federalsburg, Md.
Clewell, A. A., 1741 Harford Avenue, Baltimore.
Cone, Claribel, 1607 Eutaw Place, Baltimore.
Conrad, Jno. S., St. Denis P. O., Md.
Conradi, L. E., 1925 Linden Avenue, Baltimore.
Cooke, Theodore, Sr., 910 N. Charles Street, Baltimore.
Cooke, Theodore, Jr., 910 N. Charles Street, Baltimore.
Cooper, James, 1353 Hull Street, Baltimore.
Cordell, E. F., 2032 Maryland Avenue, Baltimore.
Corse, George F., Gardenville, Md.
Corse, W. D., Gardenville, Md.
Councell, T. A., Easton, Md.
Craighill, Jas. M., 1720 N. Charles Street, Baltimore.
Craigin, W. J., Cumberland, Md.
Crouch, J. F., 1117 Forrest Place, Baltimore.
Crowe, Stephen, 1526 N. Caroline Street, Baltimore.
*Dalrymple, A. J., 2006 E. Pratt Street, Baltimore.
Dashiell, N. L., 201 N Broadway, Baltimore.
Dashiell, Rufus W., Princess Anne, Md.
Dausch, P. G., 1727 E. Baltimore Street, Baltimore.
Davidson, Chas. F., Queenstown, Md.
Davidson, Garland Hamner, 1016 N. Calvert St., Balto.
Davis, P. L., 1500 W. Lanvale Street, Baltimore.
Davis, R. G., 1307 N. Caroline Street, Baltimore.
Deets, Jas. E., Clarksburg, Md.
DeKraft, S. Chase, Cambridge, Md.
Derr, H. K., Hagerstown, Md.
Dickinson, G. E., Upper Fairmont, Md.
Dickson, I. N., Reistertown, Md.
Dickson, John, Baltimore.
Doerner, John A., Cumberland, Md.

Doran, Peter J., 334 E. Lafayette Ave., Baltimore.
Dorsey, Reuben M., Wetheredsville, Md.
Downey, Jesse W., New Market, Md.
Duval, Wirt A., 529 N. Fulton Avenue, Baltimore.
Dwinelle, James E., 1701 E. Baltimore St., Baltimore.
Eareckson, W. R., Elkridge, Md.
Eareckson, Edith, 932 Madison Avenue, Baltimore.
Earle, Samuel T., 1431 Linden Avenue, Baltimore.
Eastman, Louis M., 772 W. Lexington St., Baltimore.
Eilau, E. W., 1827 Madison Avenue, Baltimore.
Elgin, W. F., Bethsaida, Md.,
Ellis, Charles M., Elkton, Md.
Ellis, E. Dorsey, 915 Light Street, Baltimore.
Ellis, R. H. P., 1704 Park Avenue, Baltimore.
Etchison, E. C., Gaithersburg, Md.
Evans, B. D., Morris Plains, New Jersey.
Evans, Sheldon G., Sitka, Alaska.
Fawcett, Robert, 520 Mosher Street, Baltimore.
Fields, Philip S., 642 N. Fulton Avenue, Baltimore.
Fincke, Fred. H., 37 W. Preston Street, Baltimore.
Finney, J. T. M., 927 N. Charles Street, Baltimore.
Fiske, John D., 11 S. Gay Street, Baltimore.
Fleming, Geo. A., 1018 Madison Avenue, Baltimore.
Flexner, Simon J., Johns Hopkins Hospital, Baltimore.
Fooks, F. E., 1519 E. Baltimore Street, Baltimore.
*Fore, Jas. H., 1345 N. Gay Street, Baltimore.
Forsythe, Hugh, 1931 Pennsylvania Avenue, Baltimore.
Fort, Samuel J., Ellicott City, Md.
Frames, W. W., 2315 N. Charles Street, Baltimore.
Frey, Louis F., 2414 Druid Hill Avenue, Baltimore.
Friedenwald, Aaron, 310 N. Eutaw Street, Baltimore.
Friedenwald, Harry, 922 Madison Avenue, Baltimore.
Friedenwald, Julius, 310 N. Eutaw Street, Baltimore.
Fulton, John S.. 6 W. Read Street, Baltimore.
Funck, J. W., 101 N. Fulton Avenue, Baltimore.
Gage, Amos L., 522 N. Broadway, Baltimore.
Gamble, Cary B., Jr., 925 Cathedral Street, Baltimore.

Gambrill, W. B., Alberton, Md.
Gardner Frank B., 424 N. Green Street, Baltimore.
Gardner, W. S., 613 Park Avenue, Baltimore.
Gaver, W. E., Mt. Airy, Md.
Gempler, A. E. F., 517 Scott Street, Baltimore.
Getz, Chas., 312 N. Carey Street, Baltimore.
Gibbons, Jas. E. 1102 W. Lafayette Avenue, Baltimore.
Gibbs, E. C. 440 E. North Street, Baltimore.
Gichner, Jos., 2102 Madison Avenue, Baltimore.
Gilchrist, Thos. C., 317 N. Charles Street, Baltimore.
Giles, Alfred B., 1340 N. Aisquith Street, Baltimore.
Gleitsman, J. W., 46 E. 25th St., New York City, N. Y.
Goldsborough, Brice W., Cambridge, Md.
Goldsmith, R. H., 647 N. Calhoun Street, Baltimore.
Gombel, W. G., 837 W. Fayette Street, Baltimore.
Goodman, H. H., 410 Hanover Street, Baltimore.
Gorter, N. S., 1 W. Biddle Street, Baltimore.
Gosweiler, A. von H., 1300 E. Baltimore St., Baltimore.
Green, Wm., 1124 N. Charles Street, Baltimore.
Greenly, Thomas W., Trappe, Md.
Greenwell, Frances T., Cumberland, Md.
Greer, Edwin, Bolton and McMechin Streets, Baltimore.
Griffith, L. A., Upper Marlboro, Md.
Griffith, Timothy, Frostburg, Md.
Grimes, J. H., 2100 Maryland Avenue, Baltimore.
Grove, B. F., 1523 E. Baltimore Street, Baltimore.
Gundry, R. F., Catonsville, Md.
Gwynn, H. B., 724 N. Gilmor Street, Baltimore.
Hadel, Albert K., 1127 Park Avenue, Baltimore.
Hall, Reverdy M., 1017 Druid Hill Avenue, Baltimore.
Hall, Wm. Fletcher, Crisfield, Md.
Halstead, W. S. 1201 N. Eutaw Street, Baltimore.
Hammett, S. B., Bowens, Md.
Hardcastle, Jerome H., Cecilton, Md.
Harlan, Herbert, 317 N. Charles Street, Baltimore.
Harris, John C., 773 W. Lexington Street, Baltimore.
Hart, J. B., Waverly Station, Baltimore.

Hartman, George A., 1121 N. Caroline St., Baltimore.
Hartman, Jacob H., 5 W. Franklin Street, Baltimore.
Hayden, H. H., City Hospital, Baltimore.
Heldman, J. A., 254 Pearl Street, Baltimore.
Hemmeter, John C., 1734 Linden Avenue, Baltimore.
Henkel, Chas. B. Annapolis, Md.
Herman, H. S., Hagerstown, Md.
Hill, Chas. G., Arlington, Md.
Hines, W. F., Chestertown, Md.
Hocking, George H., Mt. Savage, Md.
Hocking, John W., Govanstown, Md.
Hoen, Adolph G., 713 York Road, Baltimore.
Hoffman, Robert, 502 W. Fayette Street, Baltimore.
Hogdon, Alex. L., 1235 W. Lafayette Avenue, Baltimore.
Hooper, M. L., 1327 Hanover Street, Baltimore.
Hopkins, Howard H., New Market, Md.
Hopkinson, B. M., 1825 N. Calvert Street, Baltimore.
Horn, August, 697 W. Mulberry Street, Baltimore.
Horn, Louis C., 697 W. Mulberry Street, Baltimore.
Howard, W. T., 804 Madison Avenue, Baltimore.
Howard, W. T., Jr., Western Reserve Univ., Cleveland, O.
Howard, W. Lee, 1226 N. Calvert Street, Baltimore.
Hundley, J. M., 1002 Edmondson Avenue, Baltimore.
Humrichouse, J. W., Hagerstown, Md.
Hurd, H. M., Johns Hopkins Hospital, Baltimore.
Hyde, E. W., Parkton, Md.
Hyland, H. A., 1526 N. Broadway, Baltimore.
Iglehart, J. D., 1214 Linden Avenue, Baltimore.
Ingle, J. L., 1007 W. Lanvale Street, Baltimore.
Ireland, D. C., 1410 E. Chase Street, Baltimore.
Irons, E. P., 1835 E. Baltimore Street, Baltimore.
Jacobs, C. C., Frostburg, Md.
Jacobs, J. K. H., Kennedyville, Md.
Jacobs, H. Barton, 11 W. Mt. Vernon Place, Baltimore.
Jamar, J. H., Elkton, Md.
Jarrett, H. S., Towson, Md.
Jay, John G., 927 McCulloh Street, Baltimore.

Jenkins, Felix, 400 Cathedral Street, Baltimore.
Jewett, F. C., 1224 E. Baltimore Street, Baltimore.
Johnson, Robert W., 101 W. Franklin St., Baltimore.
Johnston, Samuel, 204 W. Monument St., Baltimore.
Jones, Chas. Hyland, 812 W. North Avenue, Baltimore.
Jones, C. Hampson, 211 W. Franklin St., Baltimore.
Jones, E. E., Pennsylvania and Wylie Aves., Baltimore.
Jones, John J., Frostburg, Md.
Judkins, Eugene H., Wiscassett, Maine.
Keene, S. A., 1520 Druid Hill Avenue, Baltimore.
Keirle, N. G. 1419 W. Lexington Street, Baltimore.
Keller, Josiah G., 222 W. Monument St., Baltimore.
Kelly, Howard A., 1418 Eutaw Place, Baltimore.
Kemp, H. M., 1709 E. Eager Street, Baltimore.
Kemp, W. F. A., 305 N. Green Street, Baltimore.
Kennedy, S. D., Annapolis, Md.,
Kennedy, J. H., Aberdeen, Md.
King, J. T., 640 N. Carrollton Avenue, Baltimore.
Knight, Louis W., 414 N. Greene Street, Baltimore.
Krozer, John J. R., 662 W. Lexington St.. Baltimore.
Kuhn, Anna L., 1435 Light Street, Baltimore.
Latimer, Thos. S., 103 W. Monument Street, Baltimore.
Leatherman, Marshall E., Mechanicstown, Md.
Lewis, John Latane, Kensington, Md.
Lewis, Wm. M., 1209 Presstman Street, Baltimore.
Lee, Wm., 334 N. Charles Street, Baltimore.
Likes, Sylvan, Bay View, Baltimore.
Link, Ferd. C., 1103 N. Stricker Street, Baltimore.
Linthicum, Thos. Waters, Savage, Md.
Lockwood, W. F., 201 W. Madison Street, Baltimore.
Lord, J. W., 825 N. Arlington Avenue, Baltimore.
Lumpkin, T. M., 212 S. Paca Street, Baltimore.
Mace, S. Veris, Rossville, Md.
Macgill, Chas. G. W., Catonsville, Md.
Macgill, Jas. Chas., Catonsville, Md.
Mackenzie, E. E., 324 W. Biddle Street, Baltimore.
Mackenzie, John N., 605 N. Charles Street, Baltimore.

Magruder, W. E., Olney, Md.
Mann, A. H., Jr., 934 Madison Avenue, Baltimore.
Mansfield, Arthur D., 327 N. Charles Street, Baltimore.
Mansfield, R. W., 129 S. Broadway, Baltimore.
Martin Frank, 1009 Cathedral Street, Baltimore.
Martin, J. S., Brookeville, Md.
Martinet, 1441 N. Gay Street, Baltimore.
Marsh, W. H., Solomon's Island, Md.
Mason, A. S., Hagerstown, Md.
Maxwell, W. S., Still Pond, Md.
McCleary, Standish, 502 N. Carrollton Ave., Baltimore.
McComas, H. A., Oakland, Md.
McComas, Josiah L., Oakland, Md.
McConachie, A. D., 307 N. Charles Street, Baltimore.
McCormick, Jas. L., Trappe, Md.
McCormich, Thos. P., 1529 Eutaw Place, Baltimore.
McDowell, Chas. C., 1521 W. Fayette Street, Baltimore.
McDevitt, Ed. P., 208 Asquith Street, Baltimore.
McElfrish, Chas. W., 854 W. Lombard St., Baltimore.
McKnew, Wm. R., 1401 Linden Avenue, Baltimore.
McShane, James F., 2 S. Patterson Park Ave., Baltimore.
McSherry, H. C., 612 N. Howard Street, Baltimore.
Merrick, Samuel K., 843 N. Eutaw Street, Baltimore.
Meyer, C. H. A., 1019 N. Caroline Street, Baltimore.
Michael, J. Edwin, 201 W. Franklin Street, Baltimore.
Micheau, Ellis, 526 S. Sharp Street Baltimore.
Miller, Casper O., 300 N. Greene Street, Baltimore.
Miller, C. R., Hagerstown, Md.
Miller, Wm. Preston, Hagerstown, Md.
Milliman, Thos. 1910 E. Oliver Street, Baltimore.
Miltenberger, G. W., 319 W. Monument St., Baltimore.
Mitchell, C. H., 291 Chestnut Ave., Hampden, Baltimore.
Mitchell, Chas. W., 937 Madison Avenue, Baltimore.
Mittnicht, J. W. H., 406 N. Exeter Street, Baltimore.
*Monmonier, John F., 124 N. Calvert St., Baltimore.
Morgan, Wilbur P., 315 W. Monument St., Baltimore.
Moran, Pedro DeSoto, 224 W. Hoffman St., Baltimore.

Morris, John, 118 E. Franklin Street, Baltimore.
Morrison, Robert B., 827 St. Paul St., Baltimore.
Mosley, Wm. E., 614 N. Howard Street, Baltimore.
Moyer, Frank G., 1119 E. Baltimore Street, Baltimore.
Muncaster, Steuart B., 1510 H Street, Washington, D. C.
Munoz, Ed. A., 735 Guilford Avenue, Baltimore.
Murdoch, Russell, 410 Cathedral Street, Baltimore.
Murdoch, Thos. F., 8 W. Read Street, Baltimore.
Neale, L. Ernest, Read and Calvert Streets, Baltimore.
Neff, John, 701 N. Carrollton Avenue, Baltimore.
Nihiser, Winton D. M., Keedysville, Md.
Nolan, Chas. F., 606 N. Charles Street, Baltimore.
Norment, R. B., Hampden, Baltimore, Md.
Norris, Amanda Taylor, 817 Harlem Avenue, Baltimore.
Norris, Milton D., Catonsville, Md.
O'Donovan, Charles, 3 E. Read Street, Baltimore.
O'Donovan, J. H., 3 E. Read Street, Baltimore.
Ohle, H. C., 1203 W. Fayette Street, Baltimore.
Ohlendorf, Jos. C., 518 N. Bond Street, Baltimore.
Ohr, Chas. H., Cumberland, Md.
Opie, Thomas, 219 W. Monument Street, Baltimore.
Osler, Wm., 1 W. Monument Street, Baltimore.
Page, Isham R., 1206 Linden Avenue, Baltimore.
Peebles, Thos. C., Lutherville, Md.
Pennington, J. I., 1716 Linden Avenue, Baltimore.
Perkins, Wm. H., Hancock, Md.
Pfeffer, Chas. W., 48 E. Montgomery Street, Baltimore.
Pickle, John U., 1312 Ashland Avenue, Baltimore.
Pillsbury, Wm. J., 713 York Road, Baltimore.
Piper, Jackson, Towson, Md.
Platt, Walter B., 802 Cathedral Street, Baltimore.
Preston, Geo. J., 819 N. Charles Street, Baltimore.
Price, A. Baillie, Frostburg, Md.
Price, Thos. Carnes, Frostburg, Md.
Price, A. H., Monkton, Md.
Price, Jas. Marshall, Frostburg, Md.
Pritchard, Jas. E., 1010 Chesapeake Street, Baltimore.

Pole, A. C., 1202 Madison Avenue, Baltimore.
Pollack, Flora., 1112 Eutaw Place, Baltimore.
Porter, Alex. S., Lonaconing, Md.
Porter, Minor Gibson, Lonaconing, Md.
Powell, Alfred H., 805 Park Avenue, Baltimore.
Purnell, J. B. R., Snow Hill, Md.
Ragan, O. H. W., Hagerstown, Md.
Randolph, R. L., 211 W. Madison Street, Baltimore.
Raisin, Robert C., 600 W. North Avenue, Baltimore.
Rehberger, J. H., 1709 Alice Anne Street, Baltimore.
Reiche, P. H., 902 Gorsuch Avenue, Baltimore.
Reid, E. Miller, 910 N. Fremont Avenue, Baltimore.
Reik, Henry O., 526 N. Howard Street, Baltimore.
Reinhard, G. A. Ferd., 920 W. Madison St., Baltimore.
Rennolds, H. T., 2004 St. Paul Street, Baltimore.
Reynolds, George B., 711 N. Calvert Street, Baltimore.
Ridgeley, Jas. L., Rockdale, Md.
Riggs, George Henry, Ijamsville, Md.
Riley, Charles H., 1112 Madison Avenue, Baltimore.
Robb, Hunter, 1342 Euclid Ave., Cleveland, Ohio.
Robins, Morris C., 1344 Druid Hill Avenue, Baltimore.
Robinson, J. H., 726 E. Preston Street, Baltimore.
Rogers, J. M. B., Ellicott City, Md.
Rohe, George H., Catonsville, Md.
Rosenthal, Melvin, Hebrew Hospital, Baltimore.
Rowe, Monmonier, Deale's Island, Md.
Rowland, J. M. H., 1128 Pennsylvania Ave., Baltimore.
Rusk, G. G., 2000 E. Baltimore Street, Baltimore.
Sadtler, Chas. E., 2100 Druid Hill Avenue, Baltimore.
Salzer, H., 1623 John Street, Baltimore.
Sandrock, W. C., 1242 N. Broadway, Baltimore.
Sanger, Frank D., 18 W. Franklin Street, Baltimore.
Sappington, Thos., 1321 N. Calvert Street, Baltimore.
Sappington, Purnell F., Govanstown, Md.
Saunders, J. B., 819 E. Chase Street, Baltimore.
Schaefer, Ed. Morton, Baltimore.
Scheidt, Robt. P. C., 1458 Riverside Avenue, Baltimore.

Schindel, Ed, W., Hagerstown, Md.
Schumacher, C.R., 1800 Asquith Street, Baltimore.
Schwatka, W. H., 2429 Lancaster Street, Baltimore.
Scott, J. McP., Hagerstown, Md.
Scott, Norman B., Hagerstown, Md.
Scott, Edward A., Galena, Md.
Seldner, Sam'l. W., 947 N. Caroline Street, Baltimore.
Sellman, W. A. B., 5 E. Biddle Street, Baltimore.
Shannon, Geo. C., 1442 Presstman, Street, Baltimore.
Shanks, Abram, Clear Spring, Md.
Sherwood, Mary, "Arundel," 6 E. Centre St., Baltimore.
Shippen, C. C., 603 N. Charles Street, Baltimore.
Simmons, Thos. W., Hagerstown, Md.
Skillsing, W. Q., Lonaconing, Md.
Smart, L. Gibbons, Owings Mills, Md.
Smith, Allan P., 24 W. Franklin Street, Baltimore.
Smith, D. W., Woodberry Station, Baltimore.
Smith, E. A., 2505 Pennsylvania Avenue, Baltimore.
Smith, Franklin B., Frederick, Md.
Smith, Frank R., 6. W. Read Street, Baltimore.
Smith, Jos. T., 1010 Madison Avenue, Baltimore.
Smith, N. Ryno, 604 St. Paul Street, Baltimore.
Smith, W. F., 1404 Druid Hill Avenue, Baltimore.
Smith, R. Percy, Sunny Brook, Md.
Smith, J. Holmes, 525 N. Howard Street, Baltimore.
Smith, Wm. S., 422 Hanover Street, Baltimore.
Spear, J. M., Cumberland, Md.
Spicer, Hiram L., 855 W. Lombard Street, Baltimore.
Spicknall, J. T., 14 N. Patterson Park Ave., Baltimore
Stille, Clifford M., Cordova, Md.
Steuart, James A., 1611 John Street, Baltimore.
Steuart, C., 120 W. 23rd Street, Baltimore.
Stevens, James A , Oxford, Md.
Stier, S. Hugh, Perryman's, Md.
Streett, David, 403 N. Exeter Street, Baltimore.
Stonestreet, James H., Barnesville, Md.
Tall, R. J. H., 524 S. Sharp Street, Baltimore.

Taneyhill, G. Lane., 1103 Madison Avenue, Baltimore.
Taylor, George F., 1254 N. Broadway, Baltimore.
Taylor, Robert T., 2000 Maryland Avenue, Baltimore.
Teackle, St. George W., 702 Park Avenue, Baltimore.
Thayer, W. S., Johns Hopkins Hospital, Baltimore.
Theobald, Samuel W., 304 W. Monument St., Baltimore.
Thomas, George, 921 N. Charles Street, Baltimore.
Thomas, H. B., 1701 Guilford Avenue, Baltimore.
Thomas, H. M., 1328 Madison Avenue, Baltimore.
Thomas, James Carey, 1328 Madison Ave., Baltimore.
Thomas, R. H., 236 W. Lanvale Street, Baltimore.
Thompson, A. W., Lincoln, Ala.
Thompson, W. H., 526 St. Paul Street, Baltimore.
Tiffany, L. McLane, 831 Park Avenue, Baltimore.
Todd, W. J., Mt. Washington, Md.
Townsend, W. Guy, 10 W. North Avenue, Baltimore.
Trimble, I. R., 214 W. Franklin Street, Baltimore.
Trippe, Edward R., Easton, Md.
Turner, B. A., Owings Mill, Md.
Uhler, John R., 661 W. Fayette Street, Baltimore.
Ullman, Solomon J., 1325 Linden Avenue, Baltimore.
Van Bibber, Claude, 805 N. Charles Street, Baltimore.
Van Ness, Eugene McE., 1514 Park Avenue, Baltimore.
Wade, J. Percy, Catonsville, Md.
Wagner, Frank E., 413 Hanover Street, Baltimore.
Walter, R. Milton, Bay View, Baltimore.
Waltemeyer, J. Tassey, Alberton, Md.
Warfield, Mactier, 412 Cathedral Street, Baltimore.
Warner, A. S., 1120 Highland Avenue, Belt, Baltimore.
Waters, Edward G., 1429 McCulloh Street, Baltmore.
Wattenscheidt, Charles, 838 N. Fulton Ave., Baltimore.
Watson, A. G., 1301 N. Central Avenue, Baltimore.
Wegefarth, Arthur, 805 Asquith Street, Baltimore.
Welch, W. H. 935 St. Paul Street, Baltimore.
Welch, E. Giddings, 116 W. Mulberry St., Baltimore.
Welsh, Lillian, "The Arundel," Baltimore.
White, W. W., 1101 N. Broadway, Baltimore.

Whiteford, James E., 819 Aisquith Street, Baltimore.
Whitehead, Alfred, 6 S. Exeter Street, Baltimore.
Whitridge, Wm., 827 N. Charles Street, Baltimore.
Wiegand, W. E., 2023 Druid Hill Avenue, Baltimore.
Williams, Arthur, Elkridge, Md.
Williams, J. Whitridge, Park Ave. & Richmond St., Balto.
Williams, Philip C., 1128 Cathedral Street, Baltimore.
Williams, Thomas C., Cambridge, Md.
Williams, Elijah, Armiger, Md.
Willing, James E., 508 N. Fremont Avenue. Baltimore.
Wilkens, George L., 226 S. Broadway, Baltimore.
Wilson, H. M., 1008 Madison Avenue, Baltimore.
Wilson, H. P. C., 814 Park Avenue, Baltimore.
Wilson, Robert T., 820 Park Avenue, Baltimore.
Wilson, J. Jones, Cumberland, Md.
Wilson, L. Ridgely, 1728 W. Lombard St., Baltimore.
Wiltshire, James G., 212 W. Madison Street, Baltimore.
Windsor, Samuel J., Dames Quarter, Md.
Winsey, Whitfield, 1220 E. Fayette Street, Baltimore.
Winslow, John R., 924 McCulloh Street, Baltimore.
Winslow, Randolph, 1900 Mt. Royal Terraee, Baltimore.
Winternitz, Louis C., 25 S. Eden Street, Baltimore.
Winterson, Charles R., Elkridge, Md.
Wise, Edward M., 706 N. Howard Street, Baltimore.
Woods, Hiram Jr., 816 Park Avenue, Baltimore.
Woods, P. Bryson, 910 N. Charles Street, Baltimore.
Worthington, T. Chew, 840 W. Fayette St., Baltimore.
Wooten, W. F., Frederick City, Md.
Wunder, Joseph C., 1075 W. Fayette Street, Baltimore.
Wyse, W. P. E., Pikesville, Md.
Ziegler, Charles B., 920 N. Broadway, Baltimore.

HONORARY MEMBERS.

Bartholow, Roberts, M. D., Philadelphia, Pa.
Billings, John S., M. D., U. S. A., Washington, D. C.
Chaille, Stanford E., M. D., New Orleans, La.
Fitz, Reginald H., M. D., Boston, Mass.
Goodell, William, M. D., Philadelphia, Pa.
Johnson, Joseph Tabor, M. D., Washington, D. C.,
Lange, Frederick, M. D., New York, N. Y.
Mallett, John W., M. D., University of Virginia.
Martin, H. Newell, M. D., London, Eng.
Mitchell, S. Weir, M. D., Philadelphia, Pa.
Moorman, John J., M. D., Salem, Va.
Pepper, William, M. D., Philadelphia, Pa.
Starr, M. Allen, M. D., New York, N. Y.
Toner, Joseph M., M. D., Washington, D. C.
Whittaker, James T., M. D., Cincinnati, Ohio.

TRANSACTIONS

OF THE

Medical and Chirurgical Faculty

OF THE

STATE OF MARYLAND

NINETY-EIGHTH ANNUAL SESSION

HELD AT

BALTIMORE, MD., APRIL, 1896,

ALSO

SEMI-ANNUAL SESSION, HELD AT BEL AIR, MD.. NOV., 1895,

AND

SPECIAL MEMORIAL MEETING IN BALTIMORE, DEC. 14, 1895.

OFFICERS, COMMITTEES AND DELEGATES,

FOR THE YEAR 1896-97.

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Vice-Presidents.

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JOHN S. FULTON.

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R. W. JOHNSON, JOS. T. SMITH.

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HIRAM WOODS, JR., RANDOLPH WINSLOW, J. M. T. FINNEY.
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WM LEE, G. H. ROHE, J. D. BLAKE, C. BIRNIE, S. T. EARLE.

Curator.

A. K. BOND.

Committee on Membership.

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Committee on Preventable Blindness.

H. HARLAN, E. J. BERNSTEIN, G. A. FLEMING, JAS. F. McSHANE.

Committee on Milk Laboratory.

R. T. TAYLOR, C. HAMPSON JONES, W. B. CANFIELD, J. T. KING, N. R. SMITH.

Committee on General Sanitation.

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G. H. ROHE, J. M. CRAIGHILL, G. A. FLEMING,
THOS OPIE, E. J. BERNSTEIN, H. O. REIK,
WM OSLER, G. L. TANEYHILL, H. HARLAN,
J. A. STEUART, J. H. BRANHAM, H. FRIEDENWALD,
J. D. BLAKE, J. LEE McCOMAS, H. M. HURD,
J. W. CHAMBERS, R. WINSLOW, H. H. BIEDLER,
S. T. EARLE, DAVID STREET, I. R. PAGE,
W. A. B. SELLMAN, ROBT. T. WILSON.

Delegates to the Maryland State Pharmaceutical Association.

J F. CROUCH, I. E. ATKINSON, CHAS. H. RILEY, JOHN NEFF, J. H. BRANHAM, W. B. CANFIELD, J. F. HEMPEL.

Delegates to the American Climatological Association.

J. LEE McCOMAS, WM. OSLER, S. CHASE DeKRAFFT,
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J. H. HARTMAN.

Delegates to the West Virginia Medical Association.

J. LEE McCOMAS, THOS. OPIE, S. J. FORT.

Delegates to Virginian Medical Association.

L. G. SMART, W. J. TODD, W. H. H. CAMPBELL.

Delegates to Pennsylvania Medical Association.

E. J. BERNSTEIN, W. C. SANDROCK, H. A. KEELY.

Delegates to North Carolina Medical Association.

K. B. BATCHELOR, E. E. JONES, RANDOLPH WINSLOW.

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1st. Write on one side of the paper only.

2nd. Write without breaks, *i. e.*, do not begin a new sentence on a new line; when you want to begin a new paragraph, begin in the middle of the line.

3rd. Draw a line along the margin of such paragraphs as should be printed in smaller type—for instance, all that is clinical history in reports of cases, or that which is quoted, etc.

4th. Words to be printed in *italics* should be underscored once; in SMALL CAPITALS twice; in LARGE CAPITALS three times.

5th. Proofs sent for revision should be returned without delay; authors who contemplate a temporary absence from their regular residence any time during the summer, should notify the Recording Secretary, thus avoiding vexatious delays in the delivery of proof.

6th. Alterations in manuscript should be limited to what is of essential importance, they are equivalent to resetting, and cause additional expense, such changes, if they exceed half a page of printed matter, as also all wood cuts, photographs and electrotypes, are invariably to be paid for by authors.

MEMBERSHIP. Applications for membership in the Medical and Chirurgical Faculty should be addressed to the Recording Secretary, Corresponding Secretary, Treasurer, or Chairman of the Examining Board, and should state name in full, post office address, where graduated in medicine, date of graduation, date of certificate of State Licensing Board, and by whom recommended. They must be accompanied by the *initiation fee* of five dollars: no membership dues are required for the first current year: a copy of the annual TRANSACTIONS is mailed gratuitously to each member. *Blank applications* for membership will be mailed to any address on application to the Recording Secretary or Treasurer.

SEMI-ANNUAL MEETING.

BELAIR, MD., NOV. 19, 1895.

The Society was called to order at 11.20, the Vice-President, Dr. Birnie, of Taneytown, in the Chair, Dr. Michael being detained in Baltimore by illness. Dr. A. K. Bond was appointed Secrerary *pro tem.* Twenty-six physicians were present.

The Faculty was welcomed to Belair by Walter Preston, Esq., of the Belair Bar, in a very graceful and appropriate address.

Dr. W. L. Smith, of Jarrettsville, Harford County, responded on behalf of the Faculty.

Dr. John N. Mackenzie opened the scientific programme with a paper entitled *A Review of the Surgical Treatment of Laryngeal Tuberculosis.* The merits of curettement and concentrated lactic acid were considered in the light of personal experience in practice. Electrolysis, galvanic cautery, and the graver surgical measures received attention in turn, decided progress on the whole being reported.

On motion of Dr. Kemp the members of the Harford County Medical Society were invited to participate in the discussions.

Dr. Mackensie's remarks were discussed briefly by Dr. Canfield.

Dr. Hiram Woods then read a paper on *The Management of Corneal Ulceration in Gonorrhœl Ophthalmia.* No discussion.

Dr. J. M. Hundley then read a paper on *Tears of the Cervix Uteri; their Significance and Repair.* This paper was discussed by Drs. Morris, Bond, Neff and Woods.

Afternoon Session.

The Faculty was called to order at 3 P. M. by Dr. C. Birnie. Dr. A. K. Bond read a paper entitled *An Epidemic of Typhoid Fever Among Children.* Discussed by Drs. Jas. A. Steuart, Wm. Lee, John Morris and J. W. Scott.

A. K. Bond,
Secretary pro tem.

SECOND DAY.

Morning Session.

The Faculty was called to order by Dr. W. F. A. Kemp.

Dr. W. B. Platt of Baltimore reported *A Case of the Radical Cure of Inguinal Hernia by Implantation of a Section of Aseptic Sponge to Occlude the Internal ring, with Exhibition of the patient.*

Dr. S. T. Earle then read a paper entitled *A Critical Review of Modern Operations for Hemorrhoids.*, Discussed by Dr. C. M. Ellis, of Elkton.

Dr. C. H. Hollingsworth, of Belair, presented a case for diagnosis, which was discussed by Drs. Kemp and Archer.

Dr. W. W. Russell of Baltimore read a paper on *The Clinical Course of Forty-seven Cases of Complete Extirpation of the Uterus for Carcinoma.* Discussed by Dr. Kemp.

On motion a vote of thanks was extended to the Harford County Medical Society. The Faculty then adjourned *sine die.*

A. K. Bond,
Secretary pro tem.

MINUTES OF SPECIAL MEETING.

HALL OF THE FACULTY,
DECEMBER 14, 1895.

The Medical and Chirurgical Faculty of Maryland was called to order at 3.30 P. M. by Dr. Charles G. Hill, 1st Vice-President, who announced the death of Dr. J. Edwin Michael, President of the Society.

Dr. Chew moved the appointment of a committee to prepare and present a Memorial Minute.

Seconded by Dr. Taneyhill and carried.

The chair appointed Drs. S. C. Chew, T. A. Ashby, Geo. J. Preston, Herbert Harlan, Wm. H. Welch and W. P. E. Wyse.

After a recess, Dr. Chew reported for the committee and moved the adoption of the following resolution:

Resolved, That the Medical and Chirurgical Faculty of Maryland, in special session assembled, are impressed with a deep sense of the loss which they have suffered in the death of their colleague and President, Dr. J. Edwin Michael, and they desire to offer a memorial tribute to his virtues and worth.

As a member of this Faculty he showed always a devotion to its welfare of which his elevation to its Presidency was but a fitting recognition. Engaged as he was with remarkable versatility in the practice of all branches of his profession, he brought to each the resources of large experience, a trained mind and a skillful hand.

As a teacher in various departments of medical science he was conscientious in the discharge of his duties, accurate in his

methods of instruction and successful in awakening the interest of his pupils. His brethren and colleagues will ever hold him in loving remembrance as a good physician, an upright citizen, a generous and faithful friend.

(Signed) S. C. Chew,
T. A. Ashby,
Geo. J Preston,
Herbert Harlan,
W. P. E. Wyse,
Wm. H. Welch.
Committee.

Dr. Ashby, seconding the resolution, said:

Mr. President and Gentlemen:—I rise to second the resolution, just read by Dr. Chew, and I cannot let the occasion pass without giving expression to the feelings of sorrow I now experience. In the death of Dr. Michael I feel that I have lost a dear and true friend. Our acquaintanceship began the first day I entered upon the study of medicine at the University of Maryland in the Fall of 1871. It soon ripened into a sincere friendship, and until the day of his death our relations were close and cordial. I knew him intimately, had free access to his warm and generous heart, knew well his thoughts, opinions and sentiments, and in this way knew the true value of the man.

Dr. Michael was no ordinary man; he was moulded on a large scale, physically, intellectually, and in character. His mind was broad, vigorous and well organized. His heart was as large and true as his intellect, whilst in character he was strong, manly and upright.

Professionally he was known to you all. I shall not refer to his professional career except to bear testimony to his bright ideals of professional duty and conduct. He was rigid in his observance of the highest standard of professional ethics, and so inflexible and honorable in his regard for candor and frankness in dealing with his patients

and with his professional brother that his interests were often made to suffer. He was sometimes misunderstood and appeared at times to be indifferent to his own interests. There was so little of show and pretence in his make up that he actually leaned backward in his frank and open expressions of opinion. His personality was exceedingly charming to those who knew him well. He was genial, social and lovable, full of genuine sympathy and of warm affection. He was not demonstrative nor communicative, but manifested his interest in his friends in loyal actions and in unwavering support. I have many reasons for valuing the friendship of such a man, and shall ever feel my indebtedness to him for encouragement and support upon occasions when I needed the helpful stimulus of a strong and unselfish friend. I knew Dr. Michael in his home-life, and it is there that one sees the man as he is. As husband, father and son he was true and loving, thoughtful and considerate, just and tender. Nothing was too good for those he loved, no sacrifice too great, no enjoyment, no happiness, no advancement that he did not seek for their good.

Dr. Michael was a man full of sympathy for his fellow man. Whilst he abhorred every form of demagogism, he had a genuine interest in every movement that promised to raise and benefit society. He was a good citizen, a good man and a good physician. His influence was always exerted for higher standards of excellence, for higher ideals of work and conduct. Such a man is a sad loss to his family, to his friends, to his profession, and to society.

Dr. Randolph Winslow said:

Mr. President:—I think I shall be derelict in duty if I allow the present occasion to pass without paying a tribute to the memory of my departed friend. My intimacy with

Dr. Michael was certainly as close as that of any of his other friends, and extended over the greater part of my lifetime. We entered the University of Maryland as students at the same time, in October, 1871, and from that time until his death were associated in the closest manner. As a student, Dr. Michael was the handsomest, the most imposing and the most popular man in the class. In March, 1872, we became clinical assistants at the University Hospital, and for the greater part of a year were roommates, and we graduated at the same time. After graduation he went abroad and spent fifteen months in study and travel, and upon his return was made Demonstrator of Anatomy in the University of Maryland, and for the next six years I was his assistant. In 1880, he was elected to the chair of Anatomy, and I became his Demonstrator, and, when he was transferred to the chair of Obstetrics, I became his colleague in the Faculty. In all the various capacities in which I was associated with him, I always found him to be the same true man and true friend. He was generous and unselfish, kind and just. I do not wish to multiply words, but simply desire to place a loving remembrance upon the bier of a dear friend.

Dr. Jos. T. Smith said:

Mr. President and Gentlemen:—I cannot let this occasion pass without adding my testimony to the honesty and worth of our deceased fellow member, Dr. J. Edwin Michael.

I have known him during the whole of my professional life. As students we roomed together in a building on Lombard street, next to the hospital, which had just been built for the Infirmary students, and we have been more or less intimately associated ever since. Whatever else may be said of him, however much we may have differed from him at times, we can say, and with emphasis, that he was

an honest and sincere man, one who had no sympathy with hypocrisy.

Shams and the doing of a thing for the sake of effect only, he had no sympathy with, and he did not hesitate, if occasion required, to act in accordance with his convictions; in this way at times, not fully satisfying the vanity of some he came in contact with, he would cause them to underrate his love for the true honor and dignity of his profession. He was a man upon whom you could always rely to do the right thing as he understood it. Mistakes he of course made, but love, honor and respect for those who deserved them he always had, and they were his governing motives; once your friend always your friend was a sentiment he tried to live up to. He was careful as to his friendships, he tried to make a true and accurate estimate of those he came in contact with, and such estimates actuated him in his dealings with them afterwards.

He was a loyal member of this our State Faculty, and her interests were very dear to his heart. His election to its Presidency was a source of great gratification to him, and the Faculty honored itself in honoring him. His fellow members here who knew him well, and all who have been intimately associated with him, not only respected him but had for him a devoted love and admiration.

We have lost a sincere, devoted, and loving friend and companion, and this Faculty a member whose place can never be filled.

Let us imitiate him in elevating the honor and dignity of this, our noble profession, and in advancing the interests of this, our time-honored Faculty.

Dr. Taneyhill moved the adoption of the resolutions. Seconded by Dr. Hurd and carried.

On motion the Faculty adjourned.

JOHN S. FULTON,
Recording Secretary.

MINUTES OF THE ANNUAL SESSION.

HALL OF THE FACULTY,
847 *Hamilton Terrace*,
APIIL 28, 1896.

The Faculty was called to order at 12.15 by the President, Dr. Charles G. Hill. Prayer was offered by Rev. R. H. Paine. The Minutes of November 10, 1895, and the Memorial Minutes of December 14, 1895, upon the death of Dr. J. Edwin Michael, were read and adopted.

Dr. Hundley reported the following names of applicants for membership:

Eugene Douglas, Chas. W. Wainwright, Daniel Z. Dunott, John C. Butler, Llewellys F. Barker, Adeline E. Portman, Chas. H. Medders, Duncan McCalman, Walter B. Dent, George Reuling, W. K. Robinson, W. L. Smith, E. T. Whitney.

Dr. Charles G. Hill then read the Presidential Address upon *Some Observations on the Effects of Thyroid Feeding in the Insane.*

The address was, on motion of Dr. Blake, referred to the Publication Committee.

Dr. Edward N. Bush read a paper on *The Diagnosis of Insanity by General Practitioners.* Discussed by Dr. Hurd.

Dr. L. F. Barker read a paper upon *Some Aspects of the Study of the Human Nervous System with Particular Reference to its Development.* Discussed by Drs. G. J. Preston and J. D. Blake.

Dr. H. J. Berkeley read a paper on *The Psychical Nerve Cell in Health and Disease.* Discussed by Drs. Blake and A. K. Bond.

The resignation of Dr. E. C. Applegarth was read and accepted.

The following communication from the District of Columbia Medical Association was read:

MEMORIAL OF THE MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA TO THE AMERICAN MEDICAL ASSOCIATION.

Whereas, There is now pending in both Houses of the Congress of the United States, a bill entitled "A bill for the further prevention of cruelties to animals," which, if enacted into a law will prohibit vivisection or animal experimentation in the District of Columbia, and effectively close the Biological laboratories connected with the Surgeon-General's Department of the United States Army, Bureau of Animal Industry of the Department of Agriculture, and Marine Hospital Service, and prohibit all illustrative experimentation on living animals in the Medical Colleges of this District;

And whereas, The proposed legislation is being urged with unremitting zeal and persistence by the Humane Societies and their coadjutors throughout the country, by personal solicitations of Senators and Representatives, by letters and petitions setting forth charges of cruel and atrocious tortures upon dumb animals committed by investigators and experimenters in medical and biological research, and by misrepresentation and perversion of facts established by biological and experimental investigation, to which the Science of Medicine owes its present stage of advanced progress and wider scope of beneficence;

And whereas, It is not known to this Association, or to any member thereof, that such alleged abuses and cruelties are being, or have been, perpetrated in any of the biological or medical college laboratories in this District, and it is assured

by those in charge of such laboratories that such charges are without foundation;

And whereas, The medical profession throughout the country does not seem to realize the significance and importance of such proposed legislation, which, in its direct operation, will be limited to the District of Columbia, but in its indirect effects will add impetus and force to this crusade against the scientific progress of medicine in general, this Association appeals to the American Medical Association for such expression of the consensus of medical opinion on the subject as it may in its wisdom see fit to promulgate;

Therefore, be it Resolved. That the delegates of this Association to the meeting of the American Medical Association, at Atlanta, Georgia, be instructed to present this memorial to that Association and ask a prompt and favorable consideration;

Resolved, secondly, That a copy of this memorial be sent to the journal of the American Medical Association, with the request that it be published in the next ensuing issue of that journal.

W. P. CARR, M. D.
President.

J. R. WELLINGTON, M. D.
Secretary.

NOTE.—This memorial was ordered to be sent to your Association with the request that it be considered at your coming meeting.

J. R. WELLINGTON, M. D.
Secretary.

Dr. Taneyhill moved that the Faculty endorse the memorial of the District of Columbia Medical Association, and instruct the delegates to the A. M. A. at Atlanta to support the position of the Medical Association of the District of Columbia. Seconded by Dr. Bernstein, and carried. Ajourned.

J. S. FULTON,
Recording Secretary.

HALL OF THE FACULTY,
TUESDAY EVENING, APRIL 28TH, 1896.

The Faculty was called to order at 8.05 by Dr. Chas. G. Hill. The minutes of the morning session were read and adopted. The Secretary read a letter from the World's Congress of Medico-Climatology, asking that delegates be sent to the meeting of the Congress at New Orleans. It was moved by Dr. McComas that the chair name a delegation. Carried.

The Secretary read a communication from the Michigan State Medical Society, suggesting a plan of organization of the profession of the United States. Dr. Hemmeter moved to refer this matter to the Executive Committee with power to act. Seconded by Dr. Taneyhill and carried.

The subject of *Diabetes Mellitus*, the order of the evening, was opened by Dr. Wm. H. Welsh, who spoke upon the *Pathology*. Dr. Fulton followed with a paper on the *Etiology of Diabetes*. Dr. Osler spoke upon the *Varieties and Clinical History*, Dr. Harry Friedenwald on the *Ocular Manifestations*, Dr. Gilchrist on the *Cutaneous Affections*, Dr. I. E. Atkinson on *Prophylaxis and Treatment*. In the general discussion, Dr. Bond spoke upon *Diabetes in Children*, and Dr. Aaron Friedenwald made some observations on the *Modes of Death*.

On motion the Faculty adjourned.

JOHN S. FULTON,
Recording Secretary.

HALL OF THE FACULTY,
WEDNESDAY MORNING, APRIL 29TH, 1896.

The Faculty was called to order at noon by the President, Dr. Chas. G. Hill.

The minutes of the Tuesday evening session were read and approved.

The following new members were elected.

Llewellys F. Barker, W. Bolgiano, John C. Butler, Lewis H. Gundry, Walter B. Dent, T. W. Keown, Eugene Douglass, Francis J. Kirby, Daniel Z. Dunott, Hughlett Hardcastle, Duncan McCalman, W. Edward Magruder, Robt. J. Murray, Charles H. Medders. Fred. R. Nordman, Adeline E. Portman, Frank W. Pearson, George Reuling, William K. Robinson, William L. Smith, Charles W. Wainwright, E. T. Whitney.

The Secretary then read a communication from the American Academy of Medicine. On motion of Dr. Blake, it was referred to the Executive Committee.

Dr. R. Percy Smith read a paper upon "*Compound Fracture of the Skull with Loss of Brain Tissue; Recovery*," with exhibition of the patient, discussed by Drs. R. Winslow, J. H. Branham and J. C. Harris.

A paper on *The Present Status of Operative Measures for the Relief of Facial Neuralgia*, was read by Dr. L. McLane Tiffany. Discussion by Drs. Finney, R. Winslow and Harris.

Dr. I. R. Trimble read a paper on *Treatment of Wounds of the Kidney*.

Dr. Randolph Winslow spoke on *Movable Kidney and Suppurative Disease of the Kidney*.

Dr. J. M. T. Finney read a paper on *X Rays in Surgery* with illustrations.

Dr. Howard A. Kelly spoke upon *Further Uses of the Renal Catheter in the Diagnosis of Stone in the Kidney*. Discussed by Dr. Townsend.

Dr. Wm. Lee moved that Dr. R. T. Taylor and Dr. S.

T. Earle be given the first places on the programme tomorrow morning. Carried. On motion, the Faculty adjourned.

JOHN S. FULTON,
Rccording Secretary.

HALL OF THE FACULTY,

WEDNESDAY EVENING, APRIL 29TH, 1896.

The Faculty was called to order by the President, Dr. Charles G. Hill. The minutes of the morning session were read and adopted.

The Corresponding Secretary, Dr. Craighill, read his report which was accepted and referred to the Publication Committee.

Dr. Fulton read the joint report of Recording Secretary and Publication Committee. Accepted and referred.

Report of the Treasurer, Dr. W. F. A. Kemp read, adopted and referred.

Dr. Tiffany read the report of the Executive Committee, which was accepted and referred.

Dr. B. Bernard Browne read the report of the Library Committee, which was accepted and referred.

No reports were offered by the Memoir Committee or Committee on Ethics.

Dr. S. T. Earle read the report of the Committee on Legislation. Accepted and referred. Committee continued.

Verbal report of Dr. Rowland, the Curator, was accepted.

Report of State Licensing Board was read by Dr. Lock-

wood. It was accepted, and a vote of thanks extended to Dr. Lockwood, Secretary to the Board.

Verbal report of Committee on Membership by Dr. Ashby was accepted.

Dr. Hiram Woods reported for the Programme Committee. Accepted and referred.

Dr. R. T. Taylor's report of Committee on Milk Laboratory was read, accepted, and referred.

Dr. B. B. Brown read the report of the Nurses' Directory, which was accepted and referred.

Dr. Tiffany offered the report of the Trustees, which was accepted and referred.

The Execntive Committee gave notice of two new by-laws, as follows:

1ST. The Treasurer shall pay the vouchers of the Library Committee to the extent of the annual appropriation made by the Faculty to the Committee.

2nd. The Treasurer shall post at the annual meetings, and in the Faculty Hall, the names of all members whose dues are in arrears one or more years, such members to be ineligible to hold office or to serve as delegates, or on committees.

The election of officers resulted as follows: President, Wm. Osler; Vice-Presidents, Wilmer Brinton, Randolph Winslow; Recording Secretary, John S. Fulton; Assistant Secretary, R. T. Wilson; Corresponding Secretary, W. Guy Townsend; Reporting Secretary, H. O. Reik; Treasurer, W. F. A. Kemp; Executive Committee, L. McL. Tiffany, Wm. H. Welch, David Street; Examining Board for Western Shore, S. T. Earle, A. Friedenwald, J. W. Williams, Wm. Green, John Neff, D. W. Cathell, John I. Pennington; Examining Board for Eastern Shore, Joseph C. Clark, W. S. Maxwell, B. W. Goldsborough,

James M. Bordley, E. R. Trippe. Dr. G. Lane Taneyhill was elected a trustee to serve ten years. Adjourned.

JOHN S. FULTON,
Recording Secretary.

HALL OF THE FACULTY,
DAY SESSION, APRIL 30, 1896.

The Faculty was called to order by the President, Dr. Chas. G. Hill. The Minutes of the last meeting were read and approved. A letter was read from the President of the Maryland State Pharmaceutical Association, asking that the Faculty send delegates to the meeting of the Maryland State Pharmaceutical Association, which meets in this city May 12th, 13th and 14th; it was moved and carried that the President, Dr. Hill, make the appointments.

Dr. Robert Tunstall Taylor read his paper on *The Treatment of Lateral Curvature of the Spine;* it was discussed by Dr. E. M. Schaffer.

Dr. W. S. Halstead read his paper on *The Operative Treatment of Gall Stones.*

Dr. Samuel T. Earle read his paper *Report of Two Cases of Tuberculous Fistula in Ano;* it was discussed by Dr. W. S. Halstead.

Dr. H. H. Biedler presented an interesting case upon whom he had operated successfully for the relief of Pachymeningitis; it was discussed by Drs. E. M. Reid, John D. Blake.

The President appointed Drs. Chas. H. Jones and H. H. Biedler, tellers, and the following candidates were elected to membership: Drs. Jas. F. Adams, Carlton M. Cook, T. S. Cullen, J. Fred. Hempel and Wm. T. Watson.

Dr. W. S. Thayer read a paper on *Gonorrhœal Endocarditis*. Discussion by Dr. W. A. Duval.

Dr. John D. Blake read a paper on *Laryngeal Croup*. Discusssd by Dr. Hemmeter.

Dr. Geo. J. Preston read a paper on *The Gastro-intestinal Manifestations of Hysteria*. Discussed by Dr. Hemmeter.

Dr. Julius Friedenwald read a paper on *The Effects of the Saliva on Gastric Digestion*. Discussed by Drs. R. T. Wilson and J. C. Hemmeter.

The Board of Examiners for the Western Shore reported formally upon the following candidates for membership: A. D. Atkinson, Chas. H. Dixon, B. F. Leonard, Ira J. McCurdy, Wm. Wood Russell, John Rurah. Adjourned at 3 o'clock.

JOHN S. FULTON,
Recording Secretary.

HALL OF THE FACULTY,
THURSDAY EVENING, APRIL 30TH, 1896.

The Faculty was called to order at 8.30 by Dr. Hill, who introduced the orator of the evening, Dr. Solomon Solis Cohen, of Philadelphia. Dr. Cohen's address was entitled *Disease and Recovery in their Relation to Therapeutics*.

Dr. Taneyhill moved a vote of thanks to Dr. Cohen, and requested a copy of the address for publication. Carried.

Dr. S. C. Chew made an address, presenting to the Faculty a portrait of Dr. Geo. W. Miltenberger by Mr. Thomas Corner.

Dr. Chew said:

Mr. President and Gentlemen of the Medical and Chirurgical Faculty :—The durability of art has been the theme of many

pens and of many tongues. To their perpetuity its achievements owe much of their highest value, for by their transmission from age to age the progressive history of civilization has been learned.

In regard to our own medical art we know that the earliest lesson taught by the father of medicine was that life is short, and art is long, (ὁ βίος βραχὺς, ἡ δὲ τέχνη μακρὴ): famous words which have echoed down the ages. When the shortness of life is referred to by one who would naturally be inclined to magnify the art whose object it is to prolong life, it is an admission, not of the defect of the art, but of its necessary limitations. Lives "have their day and cease to be," but the healing art lives on, increasing continually in its resources and its power, quickened and stirred by an ever freshly springing life like that of the immortal tree whose leaves are for the healing of the nations.

And as it is with ours, so is it with others, the builder's, the sculptor's, the writer's and the painter's arts, that they have in them an element of everlastingness.

> "Morning still opes with joy her lids
> Upon the stately pyramids,"

as she did nearly four thousand years ago, when the eyes of the patriarch perhaps gazed upon them as he lamented that his own days were few and evil. The life has long since passed away, though extending to patriarchal longevity; the art endures and will endure forever.

Or take the case of sculpture even in its most ancient, and as it may seem to us, its crudest form. The Pharaohs, the Ptolemies, the Emperors have all long ago vanished away. The once mighty power of the Caliphs has waned. In the wonderful evolution of events and in fulfilment of Eothen's prophecy "the Englishman leaning far over to hold his loved India has planted his firm foot on the banks of the Nile, and sits in the seat of the Faithful;" and still amid all these vicissitudes the Sphynx, "fashioned according to some ancient mould of beauty, some mould of beauty now forgotten," lies watching and ever watching with those same sad, earnest eyes.

So is it with literature. An ancient historian, Thucydides, who showed his appreciation of the highest art, when, in speaking of the works which surrounded the Athenians, he said "the daily delight of them banishes gloom," looked upon his own work as a possession forever; and still the story of the strife between Athens and Sparta is read with profit by all who, as he says, "desire a knowledge of the past as a key to the future." A modern historian of our own time, Lord Macaulay, found his pleasure and pride in the thought that his work from its artistic form (and no one thought more highly of literary art than he) would be perused in the year 2000 or even 3000.

Still are read with unfailing delight the songs of the lyric poet of the ages who believed, and most truly believed, that in them he had made for himself a monument more durable than brass.

But more than any other artist, the painter, perishable though the materials for his conceptions are, shows us the contrast between fleeting life and what his art produces; perhaps for the very reason that in form and color his work seems nearer to the life itself. The apparent life and glow of his art remain when its subjects are no more, and thus he confers an earthly immortality.

"Once," says Lord Mahon, in his History, "as Sir David Wilkie was gazing on one of Titian's masterpieces, the famous picture of the Last Supper in the Refectory of the Escurial, an old monk of the Order of St. Jerome came up to him and said: 'I have sat daily in sight of that picture for now nearly threescore years. During that time my companions have dropped off one after another—all who were my seniors, all who were of my own age, and many or most of those who were younger than myself; nothing has been unchanged around me except those figures in yonder painting, and I look at them till I sometimes think that they are the realities and we the shadows.'"

The thought is at once striking and obvious, and it is not surprising, and yet an interesting fact in literary history that another writer should have recounted his own similar experience in connection with a different picture and at a different

place. In a note to his Poem on Italy, Samuel Rogers thus writes: "You admire that picture," said an old Dominican to me at Padua, as I stood contemplating a Last Supper in the Refectory of his convent, the figures as large as life. "I have sat at my meals before it for seven and forty years; and such are the changes that have taken place among us—so many have come and gone, that when I look upon the company there, upon those who are sitting at that table, silent as they are, I am sometimes inclined to think that we, and not they, are the shadows." Such is the immortalizing power of the painter's art, witnessed to alike by the Jeronymite in Spain, by the Dominican in Italy, and by many other human hearts everywhere.

And what department of that art is it which most closely touches the heart and appeals to the affections? Surely it is the portrait painter's; for it peoples the imagination with the forms of those who have lived before us; it shows the fair faces of long ago, "untouched by the dishonors of the grave," and still smiling down upon us from their canvases; it preserves the thoughtful countenances of scholars and statesmen; and, best of all, it keeps for us the lineaments of those who were and are dearest and best beloved, and thus "fixes in despite of death and time the marvels it hath wrought." This it is which enables the portrait painter's art to give more than mere pleasure; which endues it with a sanctifying power.

To-night we behold the tribute paid by this noble art of portraiture to one who is in all respects a most fitting representative of our art.

In your presence, Professor Miltenberger, I may not say all which the earnest conviction of my judgment and, let me add, the deep feeling of my heart, would prompt me to give utterance to. But this at least I may say, and I know the statement will receive universal assent from all here present, that no one among us so well as yourself illustrates and represents in his single person the various departments of medical teaching and practice in which we are all in one way or another severally engaged. You are here, sir, an honored teacher among your

pupils, a father among your children. You are surrounded by those whom you have instructed in almost every department of medical science and art. At various periods in your long and versatile career, you have taught your pupils anatomy, pathology, clinical surgery, clinical medicine, therapeutics and obstetrics. With a slight paraphrase of Johnson's words I may say, "nullum fere *medendi* genus non tetigisti, nullum quod tetigisti non ornavisti." Out of the fullness of your own acquirements you have imparted knowledge, and out of the earnestness of your own zeal you have inspired enthusiasm. It is fitting then, in every way, that members of this Faculty representing the profession of Maryland, should in this portrait render to you the tribute of honor and esteem of which it is a token, and seek by the power of art to perpetuate, as far as possible, your presence with ourselves and with our successors forever.

Gentlemen of the Faculty, we are, I think, most fortunate in obtaining in this portrait not only a most excellent likeness of our distinguished and honored colleague, but also an admirable work of art in that the artist has sought and found and fixed forever the exact expression and attitude of professional occupation. This is realistic, and it is also idealistic in the best and highest sense. A portrait may be successful in what belongs to art and yet wanting in something needed to make it a true delineation of its subject; and, on the other hand, it may be a likeness and yet lacking in proper artistic conception. But in this picture nothing seems at fault.

> "The painter poring on the face
> . . . . has found the man
> Behind it, and so painted that his face,
> The shape and color of a mind and life,
> Lives ever at his best and fullest."

An illustration may be found in it of the teaching of Sir Joshua Reynolds, that "in portraits the grace and the likeness consist more even in the general air than in exact similitude of feature." To the fullest measure of this idea the accomplished artist, Mr. Corner, has succeeded. He has produced not only the

"general air" so admirably, but the "exact similitude" also, and has thus realized in his conception the careful teacher, the thoughtful counsellor, the beloved physician and the faithful friend.

In response to prolonged and hearty applause, Professor Miltenberger said:.

Mr. President and Gentlemen:—What can I say to you? Having reached the age of which Holmes says: "I have known some old men who welcomed the gradual infirmities of age as a signal of the coming rest," and recognizing and appreciating the inevitable, I have yet flattered myself that I would retain to the end, at least partially, the power of expression. But this, too, fails; you have deprived me of it. Your kindness and courtesy have paralyzed the tongue which, recreant to its trust, fails to obey the will. Like the needy knife-grinder, "Story, God bless you, I have none to tell!"

For fifty-five years I have lived and labored in my profession. Whatever I have been, whatever I am, I owe to my profession, to its institutions, to its noble brotherhood from whom I have never received aught but kindness and consideration beyond my deserts. If unwittingly I have ever brought the slightest reproach upon the dignity and honor of the profession, I now and here repent me in sackcloth and ashes. If unconsciously I have ever wronged any, even the youngest member of the profession, in thought, word or deed, I beg him to accept my acknowledgment and to extend to me his forgiveness.

For the kind hands extended to me; for the loving words offered to me, all the more grateful that his father's son uttered them; for the loyal hearts to-day opened to me; for this crowning triumph of my life; for this great and abounding solace of my old age; for the pure and unselfish light which gilds and illumines the last few years, it may be the last few days, leading to the Hereafter; God knows, from my heart I thank you.

Dr. Thos. A. Ashby then presented to the Faculty a portrait by M. Dieterich of Dr. H. P. C. Wilson.

Dr. Ashby said:

Mr. President and Gentlemen of the Faculty:—I esteem it an honor and privilege to present to this Faculty this portrait of our distinguished and esteemed ex-president and fellow member, Dr. Henry Parke Custis Wilson.

We have here preserved on canvas all the venerable lines of that countenance so familiar to us all, whilst we treasure in our hearts the memory of his strong personality and lovable character.

And whilst this portrait, so true to life, will hand down to future generations the features and countenance of our distinguished friend, it falls far short of expressing those personal characteristics of the man which those of us who have known him in professional or in social relations have learned to respect, to love and to venerate.

It is not necessary for me on this occasion to speak in eulogy of our honored member. The man and his life's work are well-known to you all. His entire professional life of over forty-five years has been spent in this community. During this entire period he has been an active member of this Faculty. His earnest efforts, his wise counsel, his liberal spirit, have at all times been given to its usefulness and growth.

Years of hard professional labor have not diminished his interest in its prosperity. As a member of your Board of Trustees, we owe to his ripe judgment and generous encouragement much of the aid and enthusiasm which have been given to the purchase and improvement of this Library Building and Hall.

His pride in the development of the wide-reaching influence of this Faculty has expressed itself in generous deeds and in generous gifts.

The portrait which I now have the honor of presenting to this Faculty in his name comes to us through the urgent solicitation of his friends of this Faculty.

In yielding to this urgent request he has again expressed his interest in and consideration for one of the purposes of your Trustees, who desire to make this Hall a memorial of its

honored and respected members by preserving on its walls some fitting emblem by which this and coming generations may be reminded of their eminent services in scientific work and in professional duty.

It is eminently fitting that the portrait of our distinguished Ex-President should adorn these walls. His many years of service in his profession, the honored position he has reached by his labors and attainments, his eminent success and his pure and upright life add honor to his name and honor to this Faculty.

This portrait, Mr. President, though silent in words, speaks most eloquently the language of hope and of encouragement.

It tells how a young man of feeble health, without the aid of friends or of fortune, has by patient industry, determination, and courage, risen to the front rank of his profession. It will serve to remind the younger members of our profession that hope and perseverance may rise superior to every form of discouragement, that success is the reward of industry, that honor and distinction are the rewards of virtue and of merit.

Young Gentlemen of this Faculty, you who have but recently entered upon the toils, cares and responsibilities of your profession, let me say to you when you become discouraged and disheartened, when all seems dark and success seems so remote, come to this Hall and view this picture of our venerable member.

It should be an inspiration to you; no one knows so well as he the trials and struggles of the young practitioner, no one knows so well the cares which bring success, the need for patience, determination and unfailing energy to overcome the hardships and responsibilities of a professional life. Let the lesson of his life be the inspiration of your life, that success and honors come not by chance, but only come to him who most deserves them and who has most worthily won them.

Dr. Hill acknowledged the gifts of the two portraits, and also the presentation by Dr. Friedenwald of busts of Aesculapius and of Hippocrates.

The Society then adjourned to the Banquet Room where refreshments were served.

JOHN S. FULTON,
Recording Secretary.

HALL OF THE FACULTY,
FRIDAY MORNING, MAY 1, 1896.

The Faculty was called to order by the President, Dr. Chas. G. Hill. The Minutes of both sessions on Thursday were read and adopted. The following were elected to membership: A. D. Atkinson, Chas. H. Dixon, B. F. Leonard, Ira J. McCurdy, B. B. Lanier, John Ruhrah, W. W. Russell.

Dr. Mittnicht moved to concerted action in support of the District of Columbia Medical Association in their fight against the antivivisectionists. On the representation of Dr. Taneyhill, that the District of Columbia Medical Association did not need further aid, Dr. Mittnicht withdrew his motion.

Dr. Jos. T. Smith introduced the following resolution:

Resolved, That a committee of three, with the President as chairman, be appointed to add to the present certificate required for the commitment of the insane, such information as will enable those signing such certificates to more accurately classify each case than is possible at present, and to urge its adoption upon the proper authorities.

Carried, and the chair appointed Drs. J. T. Smith and E. N. Brush to serve with himself on this special committee.

Dr. Hiram Woods moved that the Secretary be directed to request of Drs. Chew, Ashby and Miltenberger copies of their addresses of Thursday evening for publication in the transactions. Carried. The President then announced the standing committees and delegates for 1896 and '97.

Dr. J. C. Hemmeter read his paper on *The Efects of*

Persistent Intestinal Putrefaction upon the Kidneys and upon *The Possibility of Intubation of the Duodenum.*

Dr. Jos. T. Smith read his paper on *Diagnosis of Diseases of the Kidney.* Discussed by Dr. Hemmeter.

Dr. E. M. Schaeffer read his paper, *The Physical Director in the Second and Nineteenth Centuries.*

Dr. A. Friedenwald's paper was read by title, *The Prognosis of Iridectorny for Glancoma.*

Dr. Woods' paper on *Acute Choroiditis in Young Persons, Associated with Menstrual and Intestinal Disturbances* was read by title.

Dr. John G. Clark read his paper on *The Prevention of Thirst Following Operations upon the Abdominal Cavity.*

Dr. T. A. Ashby read his paper, *Report of a Case of Accidental Rupture of a Pregnant Uterus; Hysterectomy; Resection of Eight Inches of Intestine; Recovery.*

Dr. J. Whitridge Williams read a paper on *The Frequency of the Occurrence of Contracted Pelvis in Baltimore.* Discussed by Drs. Neale, Brinton and A. K. Bond.

Dr. T. S. Cullen read a paper upon *Adeno-myoma of the Uterus.*

Dr. W. W. Russell read a paper on *Post-Operative Recurrence and Metastasis in Carcinoma Uteri.*

The hour for adjournment having arrived, the papers of Drs. R. T. Wilson, J. M. Hundley and A. D. Mansfield were read by title.

On motion, ten dollars extra compensation was awarded to the janitor.

The Secretary read the rough minutes, which were approved.

Dr. Hill then declared the Faculty adjourned *sine die.*

JOHN S. FULTON,
Recording Secretary.

PRESIDENT'S ADDRESS.

SOME OBSERVATIONS ON THE EFFECT OF THYROID FEEDING ON THE INSANE.

By CHARLES G. HILL, M. D.

Professor of Diseases of the Mind and Nervous System in Baltimore Medical College.

Though the theory of an "internal secretion" advanced by Brown-Sequard, and Bernard brought down upon them, especially the former, an avalanche of ridicule and abuse equal to that excited by Jenner's announcement of vaccine, and Harvey's discovery of the circulation, like these also, it inaugurated a new era in medical progress. The most casual observer of the the times must admit that animal therapeutics, especially the use of the so-called ductless glands is destined to fill a place second in importance to none of the brilliant discoveries that have characterized the present century. The application of the thyroid gland to the amelioration and cure of many otherwise helpless and hopeless forms of insanity, though forming but a small part of the possibilities of this organ, I have deemed of sufficient importance to make it the theme of my address on this occasion.

Its therapeutic use in this field was suggested to me several years ago, before I had learned of the interesting results of McPhail and Bruce, by noticing that the symptoms following its extirpation so closely resembled those found in many forms of insanity, Thus the removal of the gland in animals was found to cause mental hebetude, general nervous disturbance, tremors, paroxysmal convulsions, functional paralysis and finally

complete imbecility. Horsley has mentioned that after excision of the thyroid in monkeys, there was an increase of mucin in the blood and an increased activity of secretion in the mucin-secreting glands, especially the parotid, suggesting a possible cause for the increased salivation in many low forms of insanity. Clouston mentions the slowness of mental action, emotional depression, irritability, morbid suspicion, insensitiveness to outward causes of disturbance, enfeeblement with some exaltation, lassitude, hebetude and lastly negation. Among post-mortem appearances were oedema of the brain, increased cerebro-spinal fluid, slight hyperaemia of meninges, and ecchymosis of grey and white matter. So close was the analogy that I felt justified in making the experiment. But at that time the manufacturers had not prepared it in such convenient form, and on account of the difficulty in procuring a reliable supply from the butchers it had to be discontinued, but not however until I had been convinced that it was destined to become an agent of great importance. It is interesting to note in this connection that Dr. Clarke, of Kingston, who contributed an interesting paper on this subject at the last meeting of the Medico-Psychological Association, was led to give it a trial by his experience in an epidemic of typhoid fever "when recovery after recovery took place in cases of insanity regarded as incurable," and that similar recoveries occured after pneumonia and acute diseases of an inflammatory character, that he attributed to a temporary stimulation of the nerve cells. It might be mentioned also that others have sought to produce pyrexia for the cure of insanity, notably Wagner of Vienna, who used tuberculin; and this was also accomplished by the older physicians, by keeping up a suppuration about the head with such means as setons, tartar emetic ointment, or cantharidal blisters. I will not weary you with detailed accounts of the forty cases in which I have used this treatment, but will endeavor to give briefly some of the most interesting facts observed in its administration. The experiments were made on a wide range of subjects, from the acute forms of mania and melancholia to the long abandoned dement, but the bulk of the cases

were those of dementia under fifty years of age and of not too long standing. Very severe tests were also made in cases of acute mania and recent melancholia, by suddenly dropping all medication given for the purpose of quieting the excitement of the one, and releaving the melancholy delusions of the other, a proceeding quite liable to precipitate either form into a decided relapse. The results of the treatment may be summed up as follows: Unimproved, 8. Improved, 12. Greatly improved, 14. Cured, 5. Died, 1. Total, 40. As an illustration of the effects of this agent on the insane I will give a brief description of a few typical cases.

"L.," about thirty-five, a dement of five years standing, fat, passive, sluggish and absolutely silent, as his voice had not been heard during all this time except on one memorable occasion when he cried out from an acute pain. In forty-eight hours after commencing the thyroid in doses of ten grains three times daily, he was not only conversing freely and intelligently, but swearing like the "army in Flanders" at any one who molested him. In spite of persistent treatment for some months he relapsed gradually into his former condition, except that he will reply to questions, but never voluntarily enters into a conversation.

"F.," a profound melancholic of one year's standing, silent and immovable as the sphynx, and morose to an extreme degree, in two days was picking husks for a mattress, but so hilarious and talkative as to appear hysterical. He has never relapsed into his melancholia, has been an industrious and exemplary patient, and will probably recover in the end.

"I.," another melancholic, who was always improved by the use of opium, but relapsed as soon as it was withdrawn, even though done in the most gradual manner, on suddenly withdrawing the opium and substituting the thyroid, recovered and was sent home within a month—and has remained well.

"G. and P.," dements of seven and fifteen years standing, respectively, and between forty and fifty years of age, were made so sick by its use (which caused vomiting, profuse perspiration and great heart depression) that its administration had

to be discontinued and there was no perceptible improvement in either case.

"M. and B.," young men in their twenties, both suffering from acute mania, characterized by violent outbursts and exacerbations, one of six and the other of eighteen months standing, in whom all treatment had so far failed to afford relief, were both cured and have returned to their homes.

"F.," a strong, well built man, suffering from acute mania of a violent type, who talked, swore or sang incessantly, broke up everything in his reach and could not be controlled by either mechanical or chemical restraint, or both combined. Bromides, chloral, hyoscine, cannabis indica or morphia, even when pushed to the verge of danger, failed to exert any influence over him, but in twenty-four hours after beginning the use of the thyroid, he was quiet and docile, and has still remained so. He has interested himself in work on the farm, and would have been discharged but for some delusion that seems difficult to eradicate.

"M.," a case of chronic mania, became so violently excited that the treatment was discontinued—result negative.

A very interesting case is that of Mrs. G., a young married woman, aged about thirty. Seven years ago she was admitted to Mt. Hope as a case of acute mania, and in spite of all treatment relapsed into dementia within twelve months. Two years afterwards, on being told that her case was hopeless, her husband removed her to another institution as a matter of economy. Three years later, the finances of the family having improved, she was returned to Mt. Hope the same silent, helpless dement as when she left, and up to the beginning of the thyroid treatment, two years afterwards, remained in this condition. She was as helpless as an infant, dirty in her habits, had to be dressed and undressed, and taken to and from the dining-room. The effect of the thyroid treatment with her was magical. She was talking the next day, dressed and undressed herself the second day, cleaned up her room the next morning, and asked for some work to keep the time from hanging heavily on her hands. Though the treatment has been discontinued she

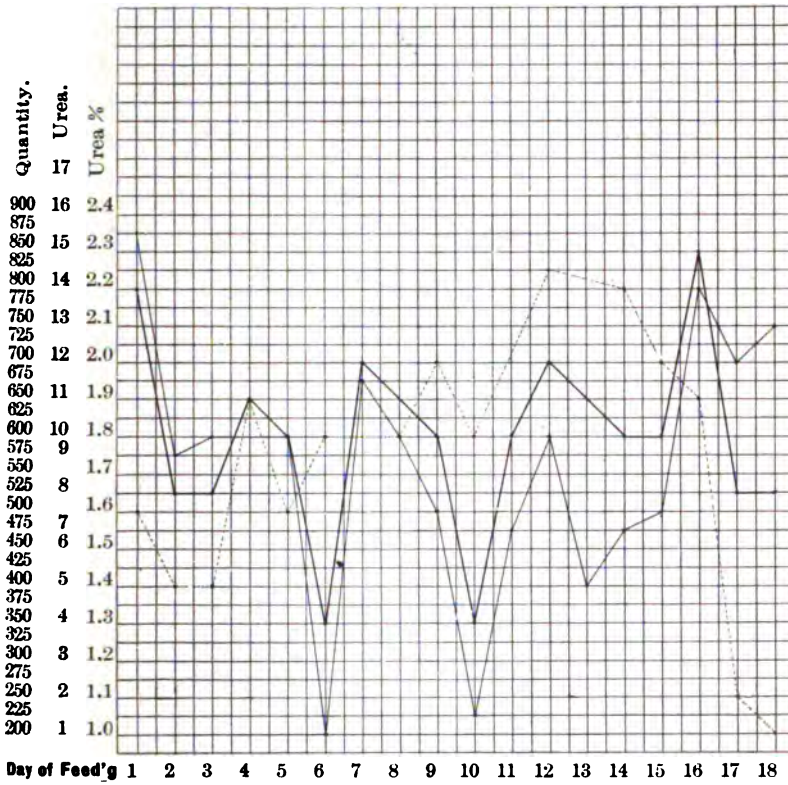
continues to slowly improve. I can readily understand why her cortical brain substance, which has been so long unused, cannot be at once restored to its full functional activity, but I believe that the reawakening of her mental faculties will, like exercise to a long disused muscle, gradually restore its function by reclothing her atrophied brain cells and expelling the insipid and useless interstitial deposits by which they have been so long clogged. I am watching the return of memory, judgment, will-power, etc., with no little interest.

The clinical history of thyroid feeding, its general effect upon the functions of the body is most interesting and suggestive. Elevation of temperature is usually observed from the administration of from five to ten grains three times daily. This occurs in every case but varies in degree with different individuals, and has no relation to the different hours of the day. Temperature runs from normal to one hundred and four, but averages about ninety-nine and one-half. The pulse is more decidedly affected running up in many cases as high as one hundred and fifty, and it frequently occurs that the treatment has to be discontinued on account of its depressing effect on the heart. Exceptionally the pulse rate is slowed, getting down to fifty or forty. Gastriric disturbances are also of frequent occurrence, accompanied with vomiting, disgust for food, and, in some cases, increased salivation. There is also profuse perspiration, with increase of urine. The character of the urine is quite worthy of mention. There is a decided increase of total solids, including the phosphates, chlorides, and urea. I have here the record of several cases giving an idea of the change in the urine, also one drawn up as a chart illustrating the daily variations in the amount of urine, amount of urea, percentage of urea, with the phosphates, sulphates, clorides and total solids. This is an interesting chart, for which I am indebted to Dr. Whitney, of the Maryland General Hospital.

Albuminuria was found in ten per cent. of the cases, and sugar less frequently. It is noticeable that the appearance of either one of these is very evanescent. It may cocur one day and disappear the next. Oedema of the face and extremities

THYROID FEEDING—URINALYSIS.

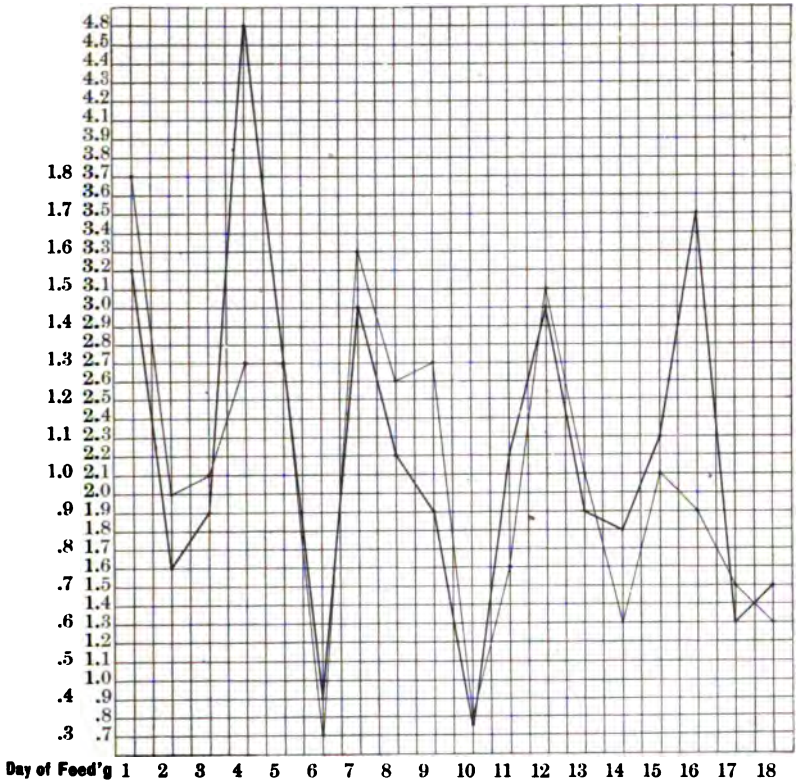
PLATE I.



Amount of urine in C.C. indicated by light line.
Amount of urea in gm. indicated by heavy line.
Percentage of urea indicated by dotted line.

THYROID FEEDING—URINALYSIS.

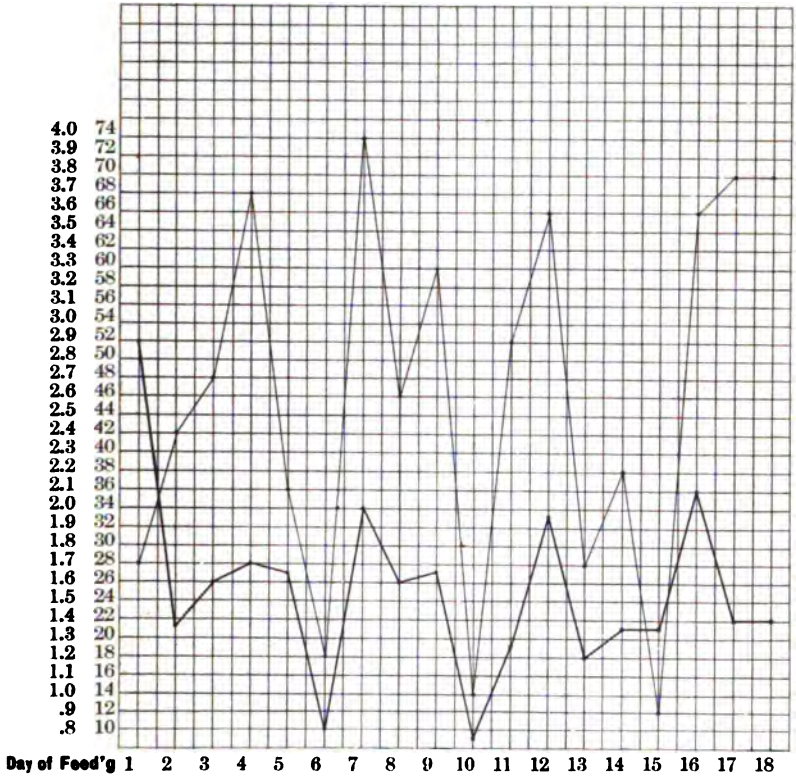
PLATE II.



Phosphates indicated by light line.
Sulphates indicated by heavy line.

THYROID FEEDING—URINALYSIS.

PLATE III.



Chlorides indicated by light line.

Total solids indicated by heavy line.

frequently occurs, but readily subsides. The cyanotic appearance of the skin, found in many cases of low grade insanity, rapidly gives place to a healthy rosy hue, indicating increased oxidation. Desquamation, similar to that which takes place in scarlet fever, frequently occurs; as also congestion of the nasal mucous membrane, and in the fatal case above reported there was ulceration of fauces. The dirty, icteroid skin of melancholia clears up under its use, and dandruff disappears from the scalp. Chronic skin diseases are favorably affected, and the growth of hair promoted. The function of menstruation is also stimulated, and, in several cases of persistent amenorrhoea of six to twelve months standing, the use of the thyroid brought on a copious flow which continued during the subsequent months. The sexual function is also stimulated, and in three cases, two females and one male, the thyroid had to be discontinued on account of the violent sexual excitement, causing them to masturbate openly and persistently in spite of every effort to prevent it. Whether this occurred in other cases I cannot say, as only such extreme cases as those reported are likely to attract attention. Would this not suggest increased ovulation, and point to its utility in a type of females characterized by obesity, scanty or absent menstruation, and sterility. Patients complain of headache, have fibrillary twitching of hands and arms, a feeling of malaise and insomnia. The decubitus after the thyroid has been pushed is peculiar. They prefer to lie with the head very low, will persistently push the pillow aside, and hang the head over the side of the bed with the feet elevated, or, if not in bed, will kneel or lie with the head resting on the floor. I have observed this in several cases. Irritability of temper amounting to maniacal agitation is often the result. The loss of flesh is a prominent symptom. This occurs in all cases, and in one amounted to thirty-five pounds in two weeks. This is rapidly regained after its discontinuance.

But most extraordinary is its influence on the mental condition of the insane. Though only twelve per cent. of my cases have been actually discharged as cured, its effect upon the others who may yet recover, or in ameliorating the condition

of others, who will never recover, and rendering them less a care to the asylum, and more of a comfort to themselves, must be taken into consideration. It is like a return to the days of miracles, a realization of the alchemist's dream, or the magic influence of some Aladdin's lamp, to see violently agitated maniacs, whom nothing but locks and bars could control, become quiet and docile, and in forty-eight hours find them calmly at work; or the mournful victim of melancholia grown cheery and even hilarious, within equally as short a time; or the mute and helpless dement, whose voice had been silent for years, and in whom every trace of intelligence seemed to have been annihilated, eagerly reading a book or paper, or quietly conversing with his neighbor, and day by day strengthening the threads of his new-found memory, so as to bridge over the intervening chaos into his past life.

The following questions naturally present themselves in this connection:

1st. Is the result of thyroid feeding on so many diversified forms of insanity, due to the fact that there exists as a prominent factor in mental disease, a degenerate condition, an atrophy, or a defective function of the thyroid gland, that is remedied by the artificial use of this substance, and does this imply that, without the influence of the thyroid secretion, there is a specific and pernicious change in the blood, toxic probably in its character, which it is the special function of the thyroid to neutralize? or, 2nd. Is there a toxic or other agent formed in the blood in such excessive quantities in the insane, that the normal thyroid is incapable of neutralizing it without the assistance of an artificial and hence excessive supply of this agent furnished to the animal organization? or, 3rd. Does the gland produce an antitoxine that acts on any or all the toxic products, as is known to be the case in some instances? or, 4th. Regarding it as a blood-forming gland (based on the fact that, when excised from animals, there is a decrease in the number of red corpuscles and an increase in the number of white) does the loss of red corpuscles entail a diminished oxidation of the blood, and notwithstanding the increased white corpuscles, is

there a loss of the number or potency of the phagocytic corpuscles, causing an accumulation of carbonic acid on the one hand, or infectious organisms on the other, both of which are corrected by the use of the sheep thyroid?

In reply to the first query, it has been noted that the removal of the thyroid in animals causes a peculiar train of nervous symptoms closely resembling those found in many forms of insanity, and add to this the observation of Vermehren, that the changes going on in the tissues in myxoedema may be found in all senile individuals, and that the cause in one is a pathological, and in the other a physiological atrophy of the thyroid glands, it might be safely concluded that at least in some cases of mental disturbance we may find the cause in a lesion of the thyroid gland.

In answer to the second query, many observations on the functions of the thyroid have led to the conclusion that there are two probable ways in which the gland may act, viz: That the gland discharges into the circulation something that maintains the proper composition of the blood, or that its secretion prevents auto-intoxication by transforming or neutralizing the poisonous products of metabolism.

From the analogy of the phenomena observed after removing the thyroid, and those caused by the introduction of carbonic acid into the blood of dogs that have recovered after thryroidectomy, Benessotitsch believes that the thyroid has for one of its functions the decomposition of carbonic acid into urea. Kent tells us that specific organisms appear in the blood of animals dying of thyroidectomy, a large bacillus and a large diplococcus, and notes important changes in their resistance to organisms. He states that specific infection is the chief cause of death. This diminished resistance to infectious agents when the function of the thyroid is abridged has been noticed by many observers.

Assuming a toxic origin for at least some forms of insanity, it might be said in this connection that the thyroid gland and its products is not the only agent capable of neutralizing those dangerous poisons. Instances in which an intervening disease

of an infectious character has produced an antitoxine for hopeless forms of insanity are so common as scarcely to excite comment. Dr. Willerding in a paper on the favorable influence of pyrexial disorders on mental diseases, says that among certain physicians the appearance of an epidemic in the asylum is hailed with satisfaction. These advise that acute fever should be artificially produced in the insane. Korter suggests that asylums should be erected in places where ague is prevalent, since good results have followed the accidental exposure of patients to malaria. But even the paludal miasm is less potent for good than the germ of another disorder, viz: typhus, the course of which is sometimes followed by astonishing results. Variola, erysipelas, pneumonia and diptheria are other diseases of this character, closer acquaintance with which the lunatic might solicit with possible advantage, says he: The author closes his paper with report of a cure of mania by typhus abdominalis, and another by pleurisy with considerable fever. And may we not infer that further observation on the rèsult of thyroid feeding and the influence of certain infectious diseases in the cure of insanity, coupled with the rapid advances being made in bacteriology, may open up a field for pathological research that will lead us to the discovery of a toxine and antitoxine for insanity? And when we consider the poverty of definite results for all our investigations in brain pathology, we need not regret the departure. The gravest forms of mental diseases may show no definite lesion, and the most serious injury to the brain may not be accompanied by any evident mental disorder. Men have been known to pursue their business with an abscess in the brain that destroyed a considerable amount of its substance, or have carried a bullet in that sacred region for many years with impunity. In one noted instance a man had an iron drill driven through his brain, and the only result in his subsequent life was said to be moral perversion. How many thousands of men become morally perverted without the aid of the drill in their brains. Even in well authenticated cases where a definite brain lesion is known to exist, the character of the mental disturbance bears no relation to the nature, the location of the extent of the

injury. On the other hand poisons either introduced from without or engendered within the system, are far more closely connected with definite forms of mental disturbance. We may diagnose alcoholism, or detect belladonna poisoning, by their characteristic delusions. The low muttering delirium of typhoid fever, or the more active one of pneumonia are familiar clinical pictures. And since the delirium in these cases is known to be caused by a toxaemia, why not its big brother insanity? The flesh of an animal becomes unsavory if it is tortured or irritated before being killed. The milk of cows may cause serious disturbances to one using it after the animal has been irritated or abused, and children have been thrown into convulsions by nursing their mothers after some great mental emotion such as anger, fright or distress. It has been shown that the blood of a melancholic subject produces a similar depression when njected into a rabbit, that of a maniacal subject, exaltation, and excitement. And now when we take into consideration the many circumstances already referred to that seem to point to the blood as the seat of the mental disorders, why may not the future pathologist give us a toxine instead of a brain lesion and the future therapeutist an anti-toxine for each form of insanity?

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SOME THOUGHTS CONCERNING DISEASE AND RECOVERY, IN THEIR RELATION TO THERAPEUTICS.

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Mr. President and Members of the Medical and Chirurgical Faculty: I thank you for your kind reception and for the honor which you have done me in asking me to address you upon this occasion. The comparatively brief period that has elapsed since I received your kind invitation has been unfortunately much encroached upon by college work, and especially the exhausting tedium of examinations, so that I have been compelled to dictate hurriedly the thoughts I have wished to lay before you, and have lacked time to trim away redundancies and repetitions, supply omissions, or endeavor to impart rhetorical polish. Thus, from lack of opportunity to condense, that which was intended as an exordium has grown into a discourse, and I shall have to content myself with but a fragmentary presentation of the important practical applications of the principles sought to be explicated. Some of the difficulties experienced in finding words and phrases that should embody in a definite and intelligible form the views I desire to submit for your consideration, are due to my own inadequacy; but at least a part of the defects and imperfections of the address may, I trust, be generously attributed to the fact that the present state of knowledge in medicine and collateral sciences does not

furnish us with exact and definite words and phrases for the fundamental factors of many of the most important pathologic and therapeutic processes; or in other words, that while in certain trains of observation and induction the first and last terms have been established with a reasonable degree of certainty, intermediate terms are still in doubt and obscurity.

A great authority has defined medicine as "a science that aims at the preservation of health, the cure of diseases, and the physical perfection of man." Exception may well be taken to the use here made of the word "cure"; but we shall all agree, I doubt not, that in the description of the aims of our science, the preservation of health—which is as much more than the prevention of disease as a positive aim is always more than a merely negative one—rightly occupies the first place. I have never admitted the correctness of that classification or nomenclature which separates prophylaxis from therapeusis, hygiene from treatment. If, therefore, in treating of some of the relations of the therapeutic art with the fundamental sciences, medical and general, and especially with the science of biology, I shall speak little of the preventive and preservative measures which are so distinctly the highest achievements of our science and art, in ancient or in modern times, it is because the principles of prophylaxis and of hygiene are so well recognized that it is unnecessary to dilate upon them; while that for which I shall plead is the formal recognition of like principles and their extension into the study and into the practice of that branch of our science and art to which the name of therapeutics is commonly but erroneously restricted—the management of the sick.

This phrase, the management of the sick, or, as Bigelow puts it, "the safe conduct of the sick," embodies an idea worthy of some elaboration in our present discussion. The ordinary definition of therapeutics as the "healing art" or the "art of treating disease" implies not only the error already reprobated (that the preservation of health is foreign to its scope), but still further restricts, and in restricting misdescribes, the therapeutic aim and method. If healing were always, or under well defined conditions, the work of art, and not, as we well know, the

work of nature, we might speak of an art of healing; or if disease were an entity, a something existing independently of the powers and operations of the organism in which it is manifested, we might speak of "the treatment of disease." On the other hand, if nature's unaided efforts were always competent to effect recovery, there would be no need of any art or science of therapeutics apart from prophylaxis; and pathology might be studied as Faraday and our own Joseph Henry studied natural philosophy, simply for the enlargement of knowledge, without any thought of direct, practical application. It is often necessary, however, for art to come to nature's aid, and to endeavor so to manage the organism, the subject of disease—in other words the sick person—that recovery may be surely and completely effected; and this requires of pathology that it shall discover the processes and results of disease and the processes and results of natural recovery, in order that art may be intelligently guided. But the intelligent guidance of art implies yet more than knowledge; it implies the analysis of observed facts and their reduction to definite and simple principles, which shall be applicable when mere experience fails, and which shall serve as a guide to unceasing progress. Recognizing thoroughly the imperfections of our knowledge and the limitations of our art, it may nevertheless be asserted that the practice of medicine, notwithstanding the apparent complexity of the problems at times presented to it, is susceptible of being so reduced to definite and simple principles; or perhaps it would be still better to say that it has been in great degree reduced to such principles, that these principles have in the main been taught by all the great leaders of medical thought throughout medical history, and that their amplification or correction in accordance with modern progress, their coördination with the mass of contemporary knowledge, has been partially effected; the results waiting only for formal recognition, promulgation, and acceptance. Such formulation is beyond the ambition of this address; but I shall try to indicate some of the lines upon which it may be worked out.

In so far as I may judge from personal errors, and from

observation of the errors of others, I should say that faults committed in the management of the sick arise as much from lack of theory as from lack of experience or knowledge; or, to state the proposition still more strongly, that a physician thoroughly grounded in pathology, thoroughly skilled in diagnosis, thoroughly conversant with the power of the materia medica, yet lacking a sound therapeutic theory, might fail in the management of a case of disease, less from the imperfection of science than from the want of a sure method of availing himself of even the imperfect knowledge of the day. To secure the best clinical results from modern laboratory investigations, medical theory as well as medical practice—in other words the coördinating principles formerly embodied in the lectures upon "The Institutes of Medicine"—must again be taught in our medical schools.

In thus pleading for the recognition of the usefulness, nay the necessity, of therapeutic theory, if we are to progress in the practice of medicine beyond diagnosis, I am not unmindful of the history of the past; rather do I find therein—together with warnings against the construction of hypotheses from insufficient evidence, and against the erection of plausible theories into rigid systems—incentives to the construction of hypotheses and theories that may serve, as it were, for lenses to concentrate and focus upon individual problems the entire light of contemporary knowledge, and proofs of the enduring usefulness of theories reasoned from facts of observation, properly limited and judiciously applied.

The lines of induction from facts of observation to principles of therapeutic theory must come from several sources—from medical history, from clinical experience, from laboratory research in all the special medical sciences, and also from the facts and generalizations of biology. Indeed, I believe the most important work toward which medical teachers and thinkers at the present day can turn their attention, to be the coördination of medical science with the study of life and life-processes in general, in the light of the great advances made during the nineteenth century.

In such studies, prominence must be given not only to the ontogeny, but to the phylogeny, of man. Phylogeny, too, must be understood in its widest sense; for in order to fully comprehend those susceptibilities to disturbance and powers of recovery which form the chief data of the science of medicine, we must know the internal endowments and tendencies and the external circumstances, through the action and reaction of which man has reached his present state, and in how far the same intrinsic and extrinsic agencies are now operative or what modifications they have undergone. This involves, moreover, a study of the fundamental factors concerned in the origin and development of living beings in general, which, like the basic facts of all other sciences, must be sought first in their most simple manifestations—an order which the exigencies of medical practice have hitherto compelled us to reverse, thus greatly increasing the difficulties of the student.

Fifty years ago an attempt to base pathologic and therapeutic doctrines upon the data of biology would have been premature, because the great theory of evolution and the investigations into the development of organic beings stimulated by that theory, were immature and in the controversial stage. And even twenty years ago it would have been unwise, for the reason that the errors and crudities necessarily pertaining to controversial periods, the first struggles of a great truth and the infancy of a new philosophy, were still held with dogmatic insistence by the new converts and untrained disciples of Darwin, Spencer, and Haeckel. But now, not only has the evolutionary doctrine been measurably freed from error, and the main truths thereof firmly established, but on the other hand, what is no less important—for biology, like all other sciences, takes color from the prevailing philosophy—the world of thought has escaped from that abject slavery to Spencer which followed its defeat in the struggle against Darwin. So, too, the correction and improvement of Darwin's doctrines, which that great thinker himself foresaw and hoped for, are in progress. The new school of biologists, with the exception of Wallace and his followers, have become less exclusive partisans of natural

selection; they have learned to take the truth from Lamarck and combine it with the truth from Darwin, showing development to have proceeded by the operation of natural selection, it is true, but along definite lines and not through the accident of haphazard variations; the lines of development being the result of habit and use, of action and reaction between organism and environment, and thus based not alone upon the operations of the external world, but also upon the inherent capabilities and tendencies of living matter—the distinguishing characteristic of which is thus shown to be its plasticity; not, however, a mere passive capacity of being shaped by forces from without, but also the power of directing its own formation by forces acting from within.

This plasticity of living matter—this capability of adjustment and readjustment to changing environment, which remains in the highest degree man's endowment, by virtue of which he has spread and flourished over a wider range and under more diverse conditions than any other terrestrial being, and through which his intellectual, spiritual and social development is apparently capable of indefinite progress—demands the close attention of the physician. It is the fundamental factor underlying all his studies, the principle binding and coördinating them into an organic whole. Anatomy and physiology, comparative and special, exhibit its normal operations and their results. Pathology is concerned with its operations and their results under perverting influences. Diagnosis investigates such perverse operations with the view to discover the means by which they may be recognized and discriminated. Therapeutics studies them to discover in how far they tend to persistence or to recession, and whether, and by what artifices, perversion may be combated and restoration aided; supplementing this study by an investigation of the modifying effects of all known influences upon vital processes, normal or pathologic. This brings once more into view a fact of the highest importance both in the study and in the practice of medicine—namely, that *disease and recovery are alike vital processes in which the organism itself is the most active agent.*

This principle is neither new nor strange to this Faculty; it is old, at least, as the sage of Cos, and it has continued to inform the best medical teaching and practice from his time to the present; and yet too frequently one misses its impress from current literature and current treatment. It would ofttimes seem as though medical writers regarded the human body somewhat as a vessel in which chemic reactions take place when the appropriate ingredients are brought together; as if it were supposed to be entirely passive in both morbid and recuperative phenomena, undergoing certain deleterious changes through the operation of an active agency termed disease, against which and its results another active agency, the power of drugs, must be invoked if destruction is to be averted. Nothing could be more fallacious, and nothing so hinders our progress toward a true science of therapeutics.

The logical rule that whatever is explicated has been implicated, applies to the problems of medicine no less than to all other human experience. Neither the agents provocative of disease nor the agents used in treatment impart to the organism new qualities or introduce into its operations new powers. Their effect is merely to induce perturbations, and this only in two ways: they may modify that which is habitual, or they may evoke that which is latent; but for good or for ill, such is the full extent of their action.

Nor is any exception afforded to this statement, even by such violent perturbations as may result in immediate death; for the necessity of death is implied at birth,* and were the organism not endowed with the capacity to die as well as to live, the process of dissolution could not be effected by external influences. In other words, the very molecular constitution enabling that form of matter which exhibits the phenomena of vitality, and which we therefore speak of as the seat of vital force, to resist for a time ordinary disintegrating influences, subjects this vital matter to the necessity of gradual change,

* "Ah fools, that think not how to all on earth
The very death is born along with birth."

William Morris.

and exposes it to the possibility of sudden disruption, with loss of vital power, and return to the condition of non-vital matter. Such transformation, whether it occur through gradual decay or through sudden violence, physical or chemic, we term death; but, gradual or sudden, it is inevitable, and perturbations causing it can only be said to modify by acceleration the habitual course of events.

Now this method of statement is not a mere metaphysical refinement; it embodies ideas necessary to the understanding of our subject. Modern teachers for a time refused, and indeed some still refuse, to admit the legitimacy of such an expression as "vital force." Vital phenomena were looked upon as purely chemic and mechanic, and the attempt to explain them on any other basis was considered as a survival of superstition or a revival of mysticism. That many of the phenomena occurring in organized beings are chemic and mechanic, none disputes. So do chemic and mechanic phenomena take place in electric batteries and dynamos. But as electric force is a manifestation of universal energy differing from chemic and mechanic forces, though mutually interconvertible with them and with other modes of energy; so vital force, life energy, or, as I have on a previous occasion termed it, *bionergy*,* is a mode of universal energy, differing from, although convertible into, other forms of energy and finding its seat in living matter; but, in the present state of human knowledge, not producible from other forms of energy save through the intermediation of matter already endowed with life.

Upon the fact that bionergy is capable of transformation into chemic and mechanic modes of energy depends the possibility of organic function as distinguished from growth; and upon the converse fact that chemic and mechanic modes of energy may be converted into bionergy depends the possibility of the reconstitution of the organism by nutrition after the exercise of function, and of the successful use of therapeutic measures in

**A System of Therapeutics* edited by H. A. Hare; article *Tuberculosis*, Vol. I., p. 721, Phila., 1891.

combating the perturbations of disease or in compensating for their effects.

By this method of viewing the manifestations of life, whether in health or in disease, or in the process of transition from health to disease or from disease to health, certain therapeutic principles are seen to emerge. Living matter alone exhibits an opposition to the otherwise universal retrograde metamorphosis of energy—integrating its atomic bonds, as Cope has said, by "antichemism"—that is, with the absorption, and not the dissipation, of motion as manifested by heat. As this is the fundamental condition of anabolism, alike in growth and repair, the necessary connection of repose with constructive and recuperative processes becomes evident, and the therapeutic value of rest is established upon a positive rather than a negative basis; upon fundamental principle rather than on mere empiricism.

Furthermore, as, generally speaking, the agents used in treatment, apart from foods and heat, bring into the organism no new store of energy, though they may unlock its reserves or guide its activities into special directions, and as the exercise of function results in the disintegration of tissue and dissipation of energy—katabolism—the dangers, as well as the legitimate uses, of so-called stimulating remedies become apparent. If, in one instance, the emergency calls for sudden putting forth of force, as when a horse is about to leap over a chasm, and the spur may therefore be imperatively demanded, yet, in another instance, it may be better to avoid such explosive action; and in none can it be continued indefinitely. Diminution of the functional activity of the heart in certain conditions may be a necessary part of the rest of recuperation, and the drugs with which we goad it into function will exhaust rather than strengthen. The oxygen that in a case of lobar pneumonia may aid in supplying the suffering organism with the energy needed to carry on its operations, or that in a case of anemia may similarly improve the nutritive processes, may hasten death by too great excitation of chemic changes in a case of pulmonary tuberculosis. Strychnin, ammonium compounds, alcohol, all of the highest utility in certain emergencies

and in regulated dosage, all serve to exhaust reserve energy when pushed beyond the point at which constructive processes can keep pace with the destructive processes they initiate. If alcohol at times saves the tissues from the combustion of fever, it is as a food, not as a stimulant, and the growing experience of the best physicians is more and more restricting this field of its use.

Similar considerations, both as to the usefulness and the basis of sound therapeutic theory, come into view if the problem be approached from the historic direction. Such a study would give material for many papers. Here we must restrict ourselves to the most sketchy outline. Medical progress, like that of all other human knowledge, has proceeded not in a straight line, but in a spiral, forever returning upon itself, but forever rising to a higher plane. Now, if we seek to discover the axis about which this spiral revolves, and which, therefore, represents the direct path of progress, we find it in the recognition of that power—or rather that constitution, that aggregate of conditions—termed by Hippocrates φυσις, by Sydenham *natura*, to which is due the faculty of the organism affected with disease to recover its primal integrity of structure and of function.

In different ages, this faculty has been variously described, variously interpreted, in order to bring its operations within the compass of thought by coördinating them with the general trend of philosophic speculation; the language used depending less upon the facts of observation than upon the prevailing hypotheses of the constitution of the world in general and of life in particular. We are inclined to cavil at some of these methods of expression or interpretation. The *archæus* of Van Helmont is to us the product of a disordered imagination or of superstitious mysticism. We declare that the *anima* of Stahl was an unphilosophic conception, impossible to one entertaining just ideas concerning the operations of the human mind and body; while Cullen's *vis medicatrix et conservatrix naturæ* is a vague expression which explains nothing. Yet which of the terms current in our contemporary philosophy or in our scientific nomenclature will stand better before future generations?

As the languages of nations vary, so do the languages of eras. As he that would translate from a foreign tongue into his own vernacular must saturate himself with the spirit not alone of the author but of the people and the language from which he is translating; so, if we would derive instruction from the students and thinkers of the past, or even if we would only correctly estimate their language, we must try to saturate ourselves with the spirit and the trend of the era, to understand in some degree the contemporaneous development of civilization, the state of arts, letters and sciences, and the predominant philosophic theories. In such a spirit we should find that, however various their language, however different upon the surface their explanations, however contradictory or inconsistent at certain points their systems, however much of the false and the ephemeral may have been combined with the true and permanent, yet Hippocrates and Van Helmont, Sydenham and Stahl and Hoffmann and Boerhaave and Cullen, and even the erratic Paracelsus, were at one in recognizing that great factor that lies at the basis of medical science and therapeutic progress—in recognizing the fact that the power of the human body to return to health, that which the unthinking call "cure" and the philosophic "recovery," comes from within and not from without, as a natural endowment and not as a gift of art.

Attempting to place this principle in language harmonizing with the generally accepted views of our own day, it may be well to consider more particularly for a moment what we mean by nature, what we mean by health and disease, and what we mean by recovery.

Nature to us is not a personality or a power, though the term may be thus used conventionally or metaphorically. Whatever view we may take of the origin of the universe, whether we believe with the inspired poet of old, that "In the beginning God created the heavens and the earth" and all that they contain, or whether we are content with that narrower view which looks upon the Power behind phenomena as equally unknowing and unknowable, yet in scientific language we can only mean by nature "the totality of observed [or possible]

coexistences and sequences." We say that it is nature which in spring renews the beauty of the earth, making the bird to sing to his mate, the flower to yield its fragrance; by which we mean that this association of events has regularly recurred during the entire period of remembered or recorded human observation, and that hence we expect it to continue to recur as a matter of course. So when we speak of recovery from sickness as being due to nature, we can only mean that it is the ordinary course of events for the disturbances we call disease to subside and the state of order we call health to be re-established, and that this takes place because it is a necessity following from the constitution of the world in general and of living beings in particular.

When we speak of health and of disease we do not speak of entities or forces, but of states of the organism. It is usual to define each of these states by negativing the other: He is in a state of health who is not sick; and he is in a state of disease who is not well. And perhaps no definition can be constructed that upon final analysis shall be any more satisfactory. We may nevertheless try to describe the states that we term health and disease in such a way as to bring out more clearly the relations in which they are contrasted.

We speak of health and disease only in relation to living beings, and perhaps the best definition of health is one based upon Mr. Herbert Spencer's definition of life. Life, according to Mr. Spencer, consists in the continual adjustment of internal relations to external relations. This statement, removed from its context, may not appear very lucid at first glance, but reflection will show that it embodies a profound truth. The living being, in order to maintain life, must be in a state of continual adjustment and readjustment with his envoirment, the external world. If, for example, the external temperature falls, the nervous system and other thermogenetic mechanisms of a warm-blooded animal must be brought into activity, so that, manufacturing more heat, he is able to maintain his temperature at its normal level despite the fact that the external cold increases his heat-loss; while heat-loss may likewise be in

some degree controlled by the constriction of peripheral vessels and other physiologic reactions. This is an adjustment of internal relations to an external relation, the external relation being that of low temperature, the internal relations adjusted to it being those of the thermal mechanism of the animal. A further example quite pertinent to our studies may be found in the reaction of an animal invaded by pathogenic micro-organisms, let us say diphtheria bacilli. The first result is the production of a poisonous product, called, in the case supposed, diphtheria poison or diphthero-toxin. Thus far we may suppose the invaded organism, *qud* organism, to be passive, the effect being biologic on the part of the microbes but chemic on the part of the animal tissues. If the production of toxin were allowed to proceed unchecked, and if nothing intervened to expel, antagonize, or neutralize it, the animal would die; but the life energy comes into play—the cells and fluids, whether directly or indirectly, through nerve stimulus or by chemic or more recondite process, react further against the toxin, and, to use Spencer's language, "adjusting" themselves to it, produce an antagonistic substance, called, therefore, antitoxin. The antitoxin counteracts the effects of the toxin, and if it is produced with sufficient rapidity and in sufficient quantity the animal recovers. Thus the maintenance of life depends upon the power of the animal to adjust its internal relations to the varying relations of the external world. *Health is that condition in which this adjustment may most readily be maintained.*

An imperfect or disordered mechanism of heat-regulation or heat-production, nervous or vascular, may react imperfectly or excessively to the stimulus of external cold, and lowering of temperature, general or local, result, with profound lesions or perhaps a lethal termination. The power to produce antitoxin may be wanting or impaired through some failure of the delicate mechanism of co-ordination, and death thus be inevitable. But further than this, during the period occupied by the reaction that is to restore the adjustment between an animal and its environment, there is often a disturbance—in part physical and chemic, but essentially biologic—of the relations of its

functions to each other. Such derangement may be the direct result of the change in external relations—in the cases supposed, the change of temperature or the activity of the microbes—or an indirect result of the excessive or diminished activity of some particular function or functions thrown out of relation with the rest: thus, in the case of diphtheria, fever indicates a derangement of thermic relations which may be due to excessive heat-production or diminished heat-loss, or both, while dyspnea shows a derangement of relations in which lessened respiratory function and increased muscular function are mingled. This *disturbance of internal relations* we term disease; some of its manifestations exhibiting a tendency to the impairment or termination of life, others being evidences of the struggle to restore the adjustment between internal and external relations, and therefore tending to the preservation and perfection of life—a point not of mere theoretic significance, but always to be borne in mind by the practical physician: for it is obvious that with respect to the one class of disturbances, those tending to the impairment or termination of life, therapeutic intervention may be required to oppose them; while in respect to the other class, those tending to the preservation and perfection of life, therapeutic intervention will either be unnecessary, or, if required, will be required to regulate or aid, never to oppose.

To repeat: *Health* is *the balanced condition of internal relations*, that state in which, with integrity of structure, all the functions of the body are performed, each with reference to the other, at proper times and in a proper manner, so that internal equilibrium is preserved; and *disease* is the opposite of this:—*any state in which, usually with concomitant alteration of structure, there is an excess or defect of one or more functions in relation to others*, whether such perversion (excess or defect) be manifested in time, in quantity, or in quality.

Such being our conception of health and of disease, it is evident that the state which we call disease may be brought about in various ways—from failure of internal adjustments (autogenetically, intrinsically); from failure to react properly

to changes in external relations; or in the process of reaction and readjustment (heterogenetically, extrinsically); and will exhibit a multiplicity of phenomena. Certain of these phenomena we find to be commonly associated and to have common antecedents; and grouping together such common associations of sequence and coexistence we erect them into what we term diseases. It is unfortunate that the same word should be thus used to denote the general state of unhealth and the association of special phenomena or relations of unhealth. For upon a clear understanding of the difference between disease and diseases depends much of our knowledge of medical principles, and the indiscriminate use of the one word leads often to an ambiguity of expression only to be avoided by awkward periphrasis.

Ambiguity of expression can scarcely fail to cause confusion of thought. It was upon such a confusion of terms that the Brunonians and their opponents waged their controversies over the unity or diversity of disease—both being right; for the state of disease is unquestionably a unit of generalization, while the special diseases are multiple and diverse groups of phenomena—diverse, however, only in their association, not in their basic elements. It may, again, seem that this is a metaphysical refinement without practical bearing. History, however, shows its importance. The Brunonian error of thought led to many errors in treatment, some of which (especially the practice of over-stimulation or ill-timed stimulation in so-called asthenic diseases) traditionally and empirically survive for ill to-day; perhaps most actively among those who have never heard of Dr. John Brown.

It would be desirable, in any extended explication of the principles of medicine, to devote special attention to the laws of association of symptoms, lesions and causes, by which we are justified in discriminating one train of morbid events from another, as a disease. The failure of all systematic nosologists and nosologies, from the earliest times to the present, might be found to rest upon a more profound basis of fundamental facts and relations than has been generally admitted.

For therapeutic purposes, too, the discovery of such laws would be important, for they would at once increase the factors, and simplify the elements, upon which rational treatment might be based. In this essay, however, I can merely call brief attention to certain etiologic facts already alluded to, but needing some little elaboration.

We have seen that the human organism itself is to be included among the factors of disease; not only in the limited sense admitted by current teaching concerning predisposing causes, or in that very partial and faulty view of the morbid processes excited by micro-organisms which is summed up in the phrase, repeated and reiterated *ad nauseam*, of "seed and soil," but in a far more profound and fundamental relation.

Our common errors of thought and expression in this regard may be traced back to a fundamental error in the method of viewing natural processes as a whole—the separation of matter from force, of the actor from the power, which the schoolmen of mediæval Europe inherited from the Greek philosophers, and which the authority of Descartes long imposed upon the modern world. Advanced investigators in physics of the present day, however, look not, with Aristotle, for "prime movers" but recognize the incessant motion of matter as a manifestation of its own inherent properties. So, too, though habits of language frequently involve us in expressions seemingly contradictory to this rule, it is regarded as unphilosophic to isolate any one of a given number of antecedents, as *the cause* of the sequence following their conjunction.

Mathematicians have always recognized the principles here involved: xy is the product of x and y, whichever may precede in time. So, the complexus we term an infectious disease is the product of the animal organism x and the microbe y; and is not, as we commonly say, regarding the animal organism as passive, "produced" by y. Now this opens the way to a conception of great importance in therapeutics—that of the multiple etiology of certain diseases that we are inclined to look upon as specific; for example, diphtheria, tuberculosis, and typhoid fever. Given a train of mechanism, for example a clock, it

matters little whether the driving power be weight, spring, or electric action, whether the pendulum be started by a push from the hand or the attraction of a magnet; once the wheels are set in motion they pursue a definite course depending upon their conformation and mutual relations, and the physical laws governing such combinations. So, such of the phenomena of disease as are known to be common sequences of various exciting causes are admittedly to be explained by the constitution of the organism; but may not many of the phenomena for which we seek single exciting causes be similarly the effect of more than one agent? The decision, of course, depends purely upon the evidence attainable; but there is no *a priori* reason why a chain of events essentially the same in each instance should not follow the incidence of any one of several so-called exciting causes. "Such a phenomenon, at all events," says Rolleston, "as a living animal is often enough produced by two or more distinct processes within the limits of the same species: as, for example, from ova of different character, summer ova or winter ova, impregnated or unimpregnated ova; by fission or gemmation; through two different series of metamorphotic changes; and such a phenomenon as the production of a particular tissue may depend—in the case of adipose tissue, for example—upon the employment in nature's laboratory of one or the other of two different chemical compounds." Similarly, Cope points out that in animals of different orders, identical structures may come into being by different evolutionary routes. As regards diseases, moreover, recent researches upon the etiology of cholera infantum have demonstrated its specificity to be rather on the side of the attacked than the attacking organism, and Vaughan's investigations have made a similar view as to typhoid fever at least worthy of discussion.

Another important feature in the synthesis of disease in complex organisms such as the human body, needs likewise to be considered. The body is made up of organs, the organs of tissues, the tissues of cells, the cells being that from which all else proceeds. In addition to the life of the organism as a

whole, each cell has its own independent life, just as the individual man in a community has his independent life. The life of the organism depends upon that of the cells, and that of the cells upon that of each other and of the organism as a whole. Hence results not only the evolution and importance of communicative and coördinating mechanisms (the vascular and nervous structures), but likewise the production of widespread perturbations from disturbances of a single part; such perturbations, as we have seen, following a certain chain of association independent of the exciting cause. Further, an important difference between the cell life when isolated as an entirely independent unity, and the cell life when continuing in a community, relates to the disposal of waste, whether produced by the chemic decomposition incident to the exercise of function or by the rejection from the absorbed materials of those unsuited for nutriment. The isolated cell discharges these directly into the outer world; the associated cell often discharges them into the vascular channels of the organism of which it is a part. Each cell must, therefore, have become habituated to endure the presence of the ordinary excreta of other cells, and indeed some of these are utilized nutritively or as stimulants of function, or in other ways not clear, by special organs or by the organism at large.

If, however, such excreta become altered quantitatively or qualitatively, or find unusual channels of distribution—perhaps through the lack of one excretion or "internal secretion" that ordinarily modifies or antagonizes the action of another—they may interfere with normal processes or act as excitants of morbid trains of action. All toxins, therefore, are not of extraneous origin, and we have to deal therapeutically with poisonous products of metabolism, autogenetic toxins, in addition to heterogenetic toxins introduced from without, or those that are the result of the action of invading microbes.

The chemic and pathogenic similarity not only of these different classes of toxins, but also of leucomaïnes, ptomaïnes, and vegetable alkaloids, has a fundamental origin in the constitution of living matter and in that vital reaction of the organism

which we find at the basis of all pathologic as well as of all recuperative processes. The natural process of dealing with the products of waste—namely, by excretion—explains many of the symptoms of disease, and justifies not only the ancient doctrines of peccant humors and critical evacuations, but the good old practices of cleansing the *primæ viæ*, of producing therapeutic discharges by the emunctories, and of removing by the lancet useless and waste-laden blood, as in uremia and some cases of pneumonia.

But in speaking of venesection and therapeutic evacuations it may seem that we have become recreant to our faith in the *vis medicatrix naturæ* and are professing allegiance to an usurping *vis medicatrix artis*. It was long ago pointed out that in stating one truth, or rather one phase of universal truth, strongly, we are liable to fall into the error of minimizing other truth. In endeavoring to show that recovery is a natural process, we have perhaps unduly obscured the fact that natural recovery is not always effected; nor when effected is it always complete. In the more detailed study of the subject, therefore, there are many modifying circumstances to be considered. Time will permit in this paper but brief allusion to a few of these. Let us view, for example, the great differences between acute and chronic processes; between those storms which in time pass over, and those slow disturbances and degenerations which persist indefinitely, extending continuously or with alternations of repose. It is quite obvious that whereas under some circumstances the organism, unaided by art, may be capable of adjusting itself to the conditions brought about by the exciting agents of acute diseases, yet the very statement of facts implies that it does not overcome in a similar manner chronic morbid processes. In such chronic conditions, therefore, we have to consider many facts which do not enter into consideration in the acute. The primary exciting cause may have long since ceased to act, as in the tissue-degenerations following certain of the acute infections—for example, syphilis, or some of the varieties of so-called rheumatism. The change brought about in the tissues may be

stationary and in itself of comparatively little consequence, and yet through its location produce disorders by its interference with important functions; as, for example, changes in the endocardium limited in extent, and which would be unimportant in character were they but situated upon the skin. It is true that natural compensation does take place to great extent in cases of endocardiac lesions, and we know, for example, how life may be prolonged and comfortable with the existence of valvular incompetency; but such compensation is effected by overgrowth of the cardiac muscle, and in time, even under the most favorable circumstances, ceases to be maintained. Here, therefore, is a proper field for the exercise of art in prolonging the time of compensation and in averting or combating the consequences of failure. Let us suppose, however, that the accidents—that is to say, the unknown antecedents and coexistences—of the primary infection or intoxication have so altered the cardiac valve or orifice that not insufficiency but obstruction is the result; how much more difficult becomes the effectuation of natural compensation! how imperfect it usually is, and how much greater care and judgment upon the part of patient and physician are necessary to avert or postpone evil consequences! Or let us consider the degenerations that take place in organs of secretion and excretion, as the liver or the kidney: the nephritis that follows an acute infection, and in which through tissue-memory, essentially the same fundamental property of bioplasm that permits of progress, the perverted processes persist, and continue to interfere with the important functions of the organ; or the cirrhosis, whether due to alcohol or to other exciting agent, the immediate influence of which has long since ceased, the more lowly tissue continuing nevertheless to grow at the expense of the more highly organized, checked perhaps, but not brought to an end, by natural processes, and leading to portal engorgement, dropsy, and other well known phenomena. Here, too, the art of the physician is called upon to maintain, so far as he is able, the function of the damaged organ; to awaken where possible compensatory processes in other organs; to remove morbid products—toxins and effusions; to postpone

or to avert the grave consequences of impaired function. Still more difficult problems are presented by the grave degenerations of the nervous system, the scleroses of the cord, the indurations of the brain, which modern pathologists attribute to the continued results of a past infection. The object of art must be to try to find some means to accomplish the result that nature has been unable to accomplish, and to hold in check the retrograde metamorphosis of tissue. Failing this, endeavors to prolong life and to promote comfort by symptomatic treatment, hygienic and medicinal, are not only justifiable but necessary; and experimentation must be conducted both in the laboratory and at the bedside.

The general problems presented by acute diseases are much simpler, and the power of natural recovery more manifest; yet even here we are compelled to qualify any statement implying the complete efficiency of the organism to recover when unaided by art.

Among the children of civilized nations that chain of disturbances and restoration to which we give the name of measles, is ordinarily of minor importance; with the most simple precautions, and sometimes with none, recovery takes place in the vast majority of cases. Yet we all know the awful fatality of the disease among the natives of New Zealand, when introduced into that island by English newcomers; and even in our own community the death-rate of measles has not become *nil*, nor have we yet succeeded in tracing thoroughly the secondary disorders which it may excite or toward which it may be a predisposing factor. Moreover, we still recognize in this affection, as more dreadfully in others, malignant or fulminant cases in which life succumbs almost without a struggle. Let us consider, moreover, diseases essentially fulminant, such as cholera, which in the preponderance of instances the organism is unequal to combat. What greater contrast, indeed, could be offered than by two diseases, both attributed to the poisonous products of micro-organisms, in both of which the alimentary canal, indeed the intestine, is supposed to be the point of entrance of the infectious agent, both conveyed to large extent

through water contaminated by the excreta of previous cases—cholera and enteric fever! Enteric fever slowly reaching its acme, slowly declining, two-thirds or three-fourths of the patients recovering if left alone; cholera prostrating almost at a single blow, reaction occurring late and suddenly if at all, and failing to be maintained in the greater number even of those cases in which it is manifest. We have learned that art can do much to increase the number of recoveries in typhoid fever by simple measures directed toward the removal of conditions obstructing the natural recuperative process, and which make no attempt at specific destruction or neutralization of the microbe or its products. Here the Hippocratic maxim, "To do good, or to do no harm," is especially applicable. But in cholera we know that art must find some means to supplement nature, when once the natural barrier to infection, the healthful condition of the gastric secretions and of the intestinal mucous membrane, has been broken down. It may be that the intestinal flux in cholera is but the exaggeration of a form of reaction often useful in the expulsion of noxious material, but whether it be so, or be essentially morbid, it is a direct source of danger, to be checked if possible. Not only laboratory but clinical experiments toward the destruction of the pathogenic organisms of cholera, toward the neutralization of toxic products, and toward the mechanic and chemic counteraction of symptomatic dangers, are eminently justifiable—are necessary. While, however, awaiting the discovery of radical or specific remedies, an enlightened art will seek to discern in such a process the main danger and to endeavor to avert this by opposing its mechanism, thus sustaining life while bringing into play that principal element in the natural readjustment—time. The two facts, that even among affections ordinarily mild, fulminant cases may occur, and that even among fulminant diseases cases of spontaneous recovery are known, may here be placed in juxtaposition, and much may be learned from the the relation thus made manifest. Given time to bring its reserves into battle, the human organism will conquer the hosts of microscopic invaders. This it has learned to do, during its ages of

evolution, through the operation of the natural laws of action and reaction and the hereditary transmission of acquired properties, in the case of those milder acute affections which still show signs of their ancient virulence when brought among populations hitherto unaccustomed to their presence; for, one of the main facts made clear by the coordination of pathology with biology is that in proportion to the frequency with which given disturbing influences have been encountered and overcome in the evolution of the race, the more fully developed is the reaction apparatus, and the more rapidly and completely is its work performed. The education of the automatic process of defensive reaction is incomplete in the case of fulminant and malignant diseases; yet, nevertheless, though tardy, the power is there, and requires only the opportunity to be brought into exercise.

To return to our illustration of cholera: we observe as the most dangerous train of phenomena—as that against which art must exercise its supporting power until such time as it learns to oppose more directly the proximate or exciting causes of the morbid processes—the rapid removal from the system of its fluids, with consequent loss of heat and inability to effect those mechanic and chemic changes which depend upon the presence of heat and of fluid. The practice of supplying heat and fluid as early, as promptly, and as continuously as possible, by external applications, by enteroclysis, and by hyperdermoclysis, while at the same time endeavoring by the use of appropriate drugs to counteract symptomatically the morbid mechanism or diminish the violence of its action, has accordingly been the most effective means of bringing about recovery in an increasing number of cases; yet the comparatively late introduction of these most important measures into general practice, despite the fact that they have been from time to time advocated by theorists, is a proof that to depend upon empiricism only, without philosophic reflection to direct and interpret it, is to fail of the highest possibility of achievement.

It has been said that fever and its treatment constitute the touchstone of medical theory and practice. Throughout medical history there have been those who taught that the phenomena

of fever were evidences of the reactive power of nature against the agents of disease; and although there have always been others who held opposite theories, this Hippocratic doctrine may be accepted as a final truth. Had this principle been formally taught and thoroughly engrafted in the minds of our profession, we should not recently have witnessed the melancholy abuses of antipyrin and similar agents, of which it may be said that if typhoid fever or influenza has, like Saul, slain its thousands, the antipyretic drugs have, like David, slain their tens of thousands.

The importance of time as a therapeutic element has been alluded to. This finds a striking illustration in that greatest advance of modern therapeutics, which we have already mentioned in illustrating the mechanism of natural reaction, the so-called serum or antitoxin therapy; the production of the agents and their usefulness both involving this factor. While we need not dwell upon the well known details, it may not be amiss to point out that, whereas against such processes as diphtheria, tetanus, scarlet fever, and the like, the method may and should be employed when available, yet the endeavor to treat tuberculosis similarly does not seem to be founded upon a rational basis. The principal, I had almost said the essential, agent in the morbid complexus of tuberculosis is the constitution of the patient, and neither the bacillus nor its toxin. Furthermore, toxemia is one of the latest phenomena in cases of chronic tuberculosis, and in acute tuberculosis the dissemination of the poison and the destruction of the organs is usually so great by the time the toxemia is manifest that there seems to be little chance for antitoxin to act curatively. However, it is well to observe an expectant attitude towards the observations now in progress, and to adopt the method if it should at any time seem to recommend itself through the experience of competent and unbiased physicians.

Another great modern advance is organotherapy, that method —most strikingly typified by the use of extract of thyroid gland in myxedema—which aims to supply deficiencies in the functional activity of certain human organs, principally the ductless

glands, by the administration of substances derived from similar organs in animals. It is not merely the administration of certain products derived from the animal kingdom, similarly to the administration of other products derived from the vegetable and mineral kingdoms, for the sake of certain anatomic and physiologic results which these substances are capable of effecting (extrinsic or heterologous therapy), but it depends upon a closer and more intimate—a more fundamental—relationship between the drug and the functions of the human organism than exists in the other cases (intrinsic or homologous therapy).

It will be observed, however, that the administration of pepsin in indigestion, of thyroid extract in myxedema, of bone-marrow in anemia, of adrenal extract in Addison's disease, and the like, have nothing whatever in common with that pseudo-scientific method through which an unpleasant notoriety was, not long ago, given to the subject of "animal extracts." I have elsewhere* treated this subject at length; here it may suffice to say that the functions of the heart, of the kidneys, and of the brain, and the results of the diseases of these organs, are so different in character from the functions of the thyroid, the adrenal, bone-marrow, and the like, and from the diseases engendered by failure of these functions, that one scarcely sees how the idea arose that the method of therapy scientific in the one case possessed an analogue in the other.

In connection with this subject, a point we have but briefly touched upon may be brought into prominence, namely, that certain pathologic phenomena are partial reversions of function and structure to earlier types in the evolution of the individual or the race: thus patients with acromegaly—a condition associated in some manner, yet obscure, with morbid alteration of the thyroid and pituitary glands, and in some cases apparently controlled by the therapeutic exhibition of preparations of one or the other—exhibit certain striking skeletal resemblances to prehistoric men, such as those of Neanderthal, and to the anthropoid apes.

In connection with disorders of metabolism such as gout and

* *The Philadelphia Polyclinic*, Nov. 15, 1893.

diabetes, this principle of reversion is already recognized by comparative pathologists, and much may be expected from its further development. So, too, in some cases of visceral and neural degeneration, and especially in the domain of psychic disorders, it has been usefully applied in diagnosis and in treatment. That the opposite is also true, however—that disorders which in the present stage of human evolution are looked upon as diseases, may be due to premature progression in certain directions—has not been as yet recognized by the consensus of professional opinion. Certain progressive ophthalmologists have called attention to the influence of that environment we call civilization in the production of errors of refraction, predicting a final adjustment in which spectacle-makers will, with the Moor, wail their occupation gone; but the same principle can be applied much more widely. Disorders of the alimentary canal, like diseases of the teeth, are largely due to a want of harmony between these structures and their present environment, and may be expected to diminish in number and importance as, on the one hand, we learn better to choose and prepare our food, and as, on the other hand, our viscera become modified in construction and function in accordance with the conditions of civilized life. But it is especially in regard to nervous disorders that this principle requires extended study and application; and as the processes and results of degeneration have been exhibited to us in so masterly a manner by Lombroso and Nordau, so should some of our great neurologists analyze and set forth what we may in truth term the factors of regeneration—namely, of that new and higher birth of mind and soul of which man's present state is but the promise.

There are many other facts that should have been considered in a paper of this kind, such as the tissue-changes of inflammation and of neoplasms, and their therapeutic indications; and, in the extending field of mental therapeutics, the legitimate exercise of the powers of mind over body, so long permitted to be abused by miracle-mongers and charlatans; but I have already trespassed too far upon your exceeding patience and courtesy. A few words of retrospect and summary and I shall conclude.

My sermon has been based upon this text from Hippocrates: "The physician must be able to discern the antecedents, know the present, and foretell the future—must meditate these things, and have two special objects in view with regard to disease—namely, to do good, or to do no harm. The art consists in three things: the disease, the patient, and the physician; the physician is the servant of nature, and the patient must combat the disease along with the physician."

In the elaboration of this text, the main thought which I have endeavored to express is this: That, if we hope ever to understand the normal operations of the human body and mind, or their perversions, or the methods by which their perversions may be prevented or corrected, we must be able to bring them into line with the fundamental facts of general biology and to avail ourselves of all the aids which may be gained from collateral sciences. We must understand, so far and so fast as the progress of general biology and allied sciences renders possible, the nature of the life substance and the life force, the modifications which these undergo under various circumstances, and what are the circumstances that are capable of modifying them. We must attain to as full a knowledge as possible of the various stages through which man has passed, physically and mentally, mechanically and morally, not alone in the development of the individual but in that of the race, for only thus can we understand the forces tending to departure from that which we are pleased to call the normal standard; whether in the direction of reversion to more primitive forms and processes or in the faint beginnings of the more complex, which in their full fruition shall enable our posterity to solve without difficulty problems that to us appear inexplicable. We must recognize the dependence of man on his environment, as well as the power of man to modify that environment, and especially must we bear in mind the fact that the evolution of man—the tendency to progress—has been toward the development and improvement of his nervous system, while other parts of his physical organism have remained in a condition less perfect than that of some of his brute relatives; that, in fact, the very

condition of his progress has been not alone the diversion of energy from muscular and osseous systems to the nervous system, but also the maintenance of nervous structures in that plastic state, impressionable to the outer world and responsive to the inner workings, which alone permits of further modification and the assumption of new powers. Thus, in the course of nervous modification, before adjustments to new conditions have been completed, while the evolutionary process is still, as it were, experimenting, before choosing that which will best tend toward the end in view, and while the general plasticity and impressionableness, permitting of the development of variations from which natural selection may choose, remains, we must expect a vast increase in the number of nervous disorders; but we must also learn to distinguish among them, so that we may not misinterpret as evidences of mal-adjustment or degeneration, processes which are the manifestation of a tendency toward readjustment, toward the generation of new powers and new faculties. So distinguishing, we must learn, moreover, to act in harmony with these new developments; for man alone among the vast number of living creatures has the power to consciously modify his environment and control in a measure his own evolution.

Secondly, I have endeavored to show that certain great truths concerning the nature of disease and recovery have been recognized throughout the course of medical history, and have always influenced the best teaching and practice. Here, two principal themes were elaborated:

First, that disease and recovery are vital processes in which the organism plays an active part; in some instances, one continuous process.

Second, that neither morbific nor therapeutic agents endow the organism with new qualities, or introduce into its operations new powers—as the one, so the other can act only by modifying that which is habitual or evoking that which is latent.

Certain subsidiary facts were found worthy of attention:

1. In disease there are presented two classes of phenomena between which the physician must discriminate: the one, mor-

bid—that is, tending to the destruction or impairment of the organism; the other, salutary—that is, tending towards its preservation and restoration to comfort and usefulness.

2. The tendency of the organism to react in a salutary manner is often sufficient in itself to insure complete and perfect recovery, but it may be either deficient or excessive in several respects, especially as to time, degree, and extent; furthermore, processes salutary in general may be morbid in respect to particular circumstances.

3. When the processes are essentially morbid, or when they become so by excess or deficiency or by circumstances of the individual case, the intervention of art is required to assist, modify, control, or prevent natural processes, to sustain the organism during their evolution, or to avert incidental or sequential dangers or damages.

In such intervention, while we may properly use drugs and must often do so, and while our resources have recently been greatly increased by the utilization of nature's own alexiteria and functional stimulants and regulators, yet we shall learn to place greatest dependence upon those agencies—air, light, water, heat and cold, food, rest, exercise of function physical and mental—which, as the habitual environment of man or his habitual reaction to the environment, have recorded their effects in his line of development, his structure, and his faculties, and are still the most potent influences in his preservation and his progress.

REPORTS.

ANNUAL REPORT OF THE BOARD OF TRUSTEES OF THE MEDICAL AND CHIRURGICAL FACULTY.

Mr. President and Members:

In conformity with the Constitution, your Board of Trustees respectfully submit the following report:

At their first meeting the Trustees organized, and elected as Chairman, Dr. Tiffany; Secretary, Dr. Taneyhill; Treasurer, Dr. Ashby.

A Committee on Building, subsequently called House Committee, was appointed: Drs. Ashby, Brinton and Taneyhill.

A Committee on By-Laws was appointed: Drs. Welch, Rohe and Osler.

Lots were then drawn to decide terms of service, resulting as follows: Dr. Brinton, to serve 10 years; Dr. Tiffany to serve 9 years; Dr. Ashby to serve 8 years; Dr. Osler to serve 7 years; Dr. Wilson to serve 6 years; Dr. Welch to serve 5 years; Dr. Preston to serve 4 years; Dr. Atkinson to serve 3 years; Dr. Rohe to serve 2 years; Dr. Taneyhill to serve 1 year.

Plans were discussed for a modification of the buildings recently purchased, shelving, etc., etc., for the old building, and the propriety of building the new Assembly Hall in which we now are, were thoroughly gone over. The

question of finances was the one mainly in doubt. Mr. J. E. Sperry was chosen architect, who kindly reduced his commission to the smallest possible sum, this Society being a charitable organization. Finally, work was commenced and at the house-warming, held January 11th, a full statement was made to the association and a financial exhibit was presented. A financial exhibit is now presented and the two may be compared.

The Trustees desire to call attention to the fact that all the local societies now meet in this house, thus gathering under one roof the medical profession of the town.

The Treasurer's Report shows that, at the house-warming, January 11th, members of the Faculty came nobly forward and subscribed some thousands of dollars. The Treasurer's Report is so favorable that, at the suggestion of Dr. Brinton, the Trustees have decided to found a sinking fund wherewith to pay off the mortgage on the building, $7,000, when due.

The building is open for inspection; the size of it has been already commented upon.

All of which is respectfully submitted.

L. M. TIFFANY, *Chairman.*
T. A. ASHBY, *Treasurer.*
G. LANE TANEYHILL, *Secretary.*
I. E. ATKINSON.
WILMER BRINTON.
WM. OSLER.
GEORGE J. PRESTON.
GEO. H. ROHE.
WM. H. WELCH.
H. P. C. WILSON.

FINANCIAL STATEMENT.

Made at the "Re-union and House-Warming" of the Medical and Chirurgical Faculty in their new buildings 847 N. Eutaw Street and 864 Linden Avenue, Baltimore, January 11, 1896.

At the annual meeting of the Faculty held in April, 1893, a Committee on Permanent Location was appointed to select a permanent home for the Faculty. A number of meetings of this committee were held during the year, but no practical results followed. At the annual meeting held in April, 1894, the committee reported progress and asked to be continued. A reorganization of the committee took place, and more active work was inaugurated. The committee held frequent meetings, examined numerous pieces of property, discussed numerous financial schemes, and finally arrived at definite conclusions. These conclusions were formulated in a report made at a special meeting of the Faculty held March 20, 1895.

In this report the committee recommended the following propositions: First, the purchase of house No. 847 N. Eutaw Street, at a cost of $10,000. Second, the authority to borrow in the name of the Faculty the sum of $4,000 at five per cent. interest, payable within ten years from date of loan. Third, an increase of annual dues of city members from $5.00 to $6.00. Fourth, a commutation of annual dues to $5.00 to all members who loaned $100.00 to the Faculty for ten years at five per cent. interest. Fifth, the appointment of a board of ten trustees in whom the management and disposal of the property acquired by the Faculty should be vested. The various resolutions offered by the committee were adopted by the Faculty, and authority was thus given for the work which followed. The committee on permanent Location was then merged into ten Trustees appointed by the President, who took up the

work entrusted to them by the Faculty. The Trustees at once organized and proceeded to carry into effect the resolutions adopted by the Faculty.

The house No. 847 N. Eutaw Street was purchased in fee for the sum of $10,000, $3,000 of which was paid in cash and the remaining $7,000 held by mortgage by the former owner, Mr. N. R. Gill, at five per cent. interest, the mortgage payable five years after date. A call for a loan of $4,000 made upon the members of the Faculty met with the following results:

32	members	loaned	$100 00	each,	$3200 00
3	"	"	50 00	"	150 00
1	"	"	40 00		40 00
1	"	"	30 00		30 00
2	"	"	20 00	"	40 00
1	"	"	25 00		25 00

Thus 40 members loaned a total of $3,485 00

Soon after the purchase of this property the Trustees realized that the improvements on the Linden Ave. end of the lot were entirely unsuited to the uses of the Faculty and that it was absolutely necessary to remove these buildings and erect the present hall. Whilst these improvements to the property necessitated an expenditure of some $4,000 more than the Trustees were authorized to borrow, the way was opened to the Trustees to make these improvements through the liberality of friends of the Faculty by which some $2,500 were given to the Trustees for this purpose. After due consideration, the Trustees decided that they would assume the responsibility of raising the additional sum of money needed for these improvements.

It was believed by the Trustees that these improvements were imperatively demanded, and that they should be

made at once. They felt that the Faculty would subsequently ratify their action and grant authority, if needed, to raise the amount required to complete all of the improvements proposed. With these motives and conditions before them the Trustees now exhibit their work to the Faculty with pride and confidence, feeling assured that the present property with all its improvements will meet all the wants of the Faculty for years to come as a permanent home. In justification of their action, the Trustees now wish to present a financial statement showing the total cost of this property, the amount due on said property, and the annual interest charge to the Faculty.

Cost of Property.

Amount paid Mr. N. R. Gill	$10,000 00
Amount paid for repairing shelving and furnishing old building	1,000 00
Amount paid and still due on new improvements (outside cost)	4,000 00
Total	$15,000 00

Indebtedness.

Amount due Dr. N. R. Gill	$ 7,000 00
Amount due members of the Faculty in loans	3,485 00
Amount loaned by Clinical Society	1,000 00
Amount of floating debt	1,000 00
Total	$12,485 00

It will thus be seen by this report that the Faculty has acquired the present desirable home and hall, sufficiently well furnished for all present needs, at a total expense of

$15,000, on which there is an indebtedness of $12,485 at five per cent. interest, or an annual interest charge of $624.25, an increase of $24.25 over the rent of its former home on St. Paul street. Let us, however, consider the comforts and conveniences of our present home, and its increased earning capacity through rentals to the local societies and other sources of revenue, and no one can dispute the wisdom of the movement which has resulted in the purchase and improvement of this property. It now concerns the membership of the Faculty to consider thoughtfully and unselfishly how the present debt on the property can be paid off. The Trustees have so far raised over $2,500 by donations of money, which sum has been expended on this property. There is now a floating debt of $10,000, which must be carried until donations are made to pay it off. The membership of the Faculty should come forward and subscribe liberally to this fund. I have no doubt this money can be raised in time, but the Trustees need it now and it should be forthcoming. As the Treasurer of the Trustees, I will agree to secure a cancellation of the notes now held against the Faculty, to the extent of every dollar given to the floating debt given by the membership of the Faculty. In other words, if those members of the Faculty, who have not previously loaned or given money to aid in the purchase of the property, will raise the sum of $1,000, or any fraction thereof, I will use my best efforts to secure a cancellation of notes to the extent of such donations. I believe I can secure $1,000 in this way. Will you, gentlemen of the Faculty, raise $1,000 more? If you will we can, to-night or in the near future, reduce the debt on this property to $10,000! Both duty and pride in our time-honored organization demand the cancellation of this obligation. We owe it to ourselves and to coming generations of our profession to support this old Faculty

and its Library on a more useful and a more permanent basis. This present home should enlist our pride and co-operation in a larger work of professional organization and education in our State.

What has been done in this respect in New York, Philadelphia and Boston should be done here.

The only thing needed is interest and liberality of our city and county members in this direction.

Let us to-night take a fresh start and devote ourselves generously to this work.

T. A. Ashby, M. D.,
Treasurer of Trustees.

FINANCIAL EXHIBIT OF THE TRUSTEES,

April 29, 1896.

STATEMENT I.

Notes for Money Loaned to Faculty,, Cancelled and Returned to Faculty.

From Dr.	R. W. Johnson	$ 100
"	H. P. C. Wilson	100
"	G. H. Rohe	100
"	D. Street	100
"	H. Salzer	100
"	Wm. Osler	100
"	H. M. Hurd (note not yet returned)	100
"	W. H. Welch	100
"	W. B. Billingslea	100
"	L. M. Tiffany	100
"	A. Friedenwald	100
"	R. Winslow	100
"	H. Harlan	100

From Dr.	W. B. Platt (note not yet returned)	20
"	I. E. Atkinson	100
"	T. S. Latimer	100
"	H. Woods	50
"	C. O. Miller (note not yet returned)	20
"	E. J. Proctor (note not yet returned)	100
"	T. A. Ashby	100
"	J. W. Chambers	100
"	Wm. Whitridge (note not yet returned)	100
"	C. H. Riley (note not yet returned)	50
"	D. W. Cathell	100
"	J. M. Craighill (½ of note not yet returned)	50
		$2,140

STATEMENT II.

NOTES GIVEN BY FACULTY AND STILL OUTSTANDING.

To Dr.	G. B. Reynolds	$ 100
"	A. C. Pole	100
"	Wilmer Brinton	100
"	S. K. Merrick	100
"	G. A. Flemming	30
"	T. Cook, Jr	100
"	G. L. Taneyhill	100
"	J. D. Blake	100
"	C. O'Donovan	100
"	Wm. Green	100
"	B. R. Benson	40
"	W. S. Halstead	100
"	Flora Pollack	50
"	J. B. R. Purnell	25
"	N. R. Gorter	100
"	J. M. Craighill	50
		$1,295

STATEMENT III.

Receipts.

From notes presented to the Faculty	$2,190 00
" " given by Faculty, Loan	1,295 00
" " Clinical Society, Loan	1,000 00
" " Amer. Nat. Bank, " April 17, '95	397 74
" " " " " " Nov. 8, '95	979 17
" Old building fund	192 40
" Rent of house	140 00
" Dr. G. W. Miltenberger, Present	100 00
" Members of Faculty presented	1,155 00
" Local entertainment Com. Am. Med. Association	2,417 76
Total	$9,867 07

Expenditures.

Paid N. R. Gill on purchase of building	$3,136 16
" Amer. Nat. Bank, money borrowed	1,400 00
" Account of new building	3,407 83
" Repairs to old building and for furniture	1,213 09
" Architect	100 00
" Collation	135 00
" Taxes, 1895	182 25
" Incidentals	71 15
Total	$9,645 48

Total Receipts	$9,867 07
" Expenditures	9,645 48
Bal. in Treasury of trustees	$ 221 59

STATEMENT IV.

Donations to Faculty, Loans of notes	$2,140 00
From members presented	1,155 00
" Local Entertainment Com. A. M. A.	2,417 76
" Dr. Miltenberger	100 00
	$5,812 76

Liabilities.

Due members on notes	$1,295 00
" Clinical Society	1,000 00
" N. R. Gill, Mortgage on the property	7,000 00
	$9,295 00

Assets.

House and Improvements:	
House and Lot in fee	$10,136 16
New Building	3,507 83
Repairs and Furniture	1,213 09
	$14,857 08

Excess of assets over liabilities.....$5,562 08

T. A. Ashby,
Treasurer of Trustees.

TREASURER'S REPORT.

Mr. President and Members of the
Medical and Chirurgical Faculty of Md.

Your Treasurer has, in the discharge of his duty, to report to this 97th Annual Convention, much that is gratifying.

On March 4th, 1896, he deposited $1000 received from Messrs. W. F. and Frank Frick, as an endowment for the Library, and subject to the order of a committe to be known as the Frick Committee.

During the past fiscal year, he paid to the treasurer of the Board of Trustees the sum of $192.40, which has been carried for years to the credit of building fund, this item from our assets will henceforth disappear.

The Library Board will mention that they have received from dues of members $637.25, and from sales and fines $21.62, making a total of $658.77, and they will mention gifts received and make full report of their doings.

The Board of Trustees will make mention of their doings, and report concerning the purchase of the property we now possess; they will amongst other things, inform you that notes aggregating $1,295 are still held by members of the Faculty, upon these notes and upon the mortgage on the property, as well as upon the money loaned by the Clinical Society your treasurer has the interest to pay.

The accessions to our membership during the last year came by the election of John J. Abel, Delano Ames, Geo. H. Carpenter, T. A. Councell, John A. Dorner, Wirt A. Duvall, Edith Eareckson, Carey B. Gamble, Jr., Francis F. Greenwell, W. Fletcher Hall, Jerome H. Hardcastle, Robt. Hoffman, C. R. Miller, J. I. Pennington, C. W. Perkins, Morris C. Robins, R. Tunstall Taylor, Bernd. E. Byrne, Thad. W. Clarke, Thos. C. Peebles, Hy. O. Reik, Frank R. Smith, Lillian Welch. By restoration, W. T. Howard, Thos. H. Buckler.

Our losses by resignation.—Ed. Carey Applegarth, J. H. K. Jacobs, Jno. Hy. O'Donovan, Alex. Shaw Porter.

By death.—Beside the one we elected last year, our honored President J. Edwin Michael, we enroll in the list of

our worthy dead, James Brown, A. J. Dalrymple, James Hy. Fore, Frank B. Gardner, Augustine W. Thompson, B. A. Turner.

Dropped.—G. H. Chabot, James Cooper, Merville H. Carter, R. W. Dashiell, Hy. A. Hyland, M. L. Hooper, Th. A. Milliman, C. H. A. Meyer, Jno. U. Pickel, W. H. Schwatka, C. B. Ziegler.

RECEIPTS.

Form Initiation Fees	$ 115 00
Dues of Members	1,871 00
Rent of Hall to Baltimore Medical Association and Clinical Society to Dec. 31, 1895	131 25
Rent of Telephone	27 00
Sales and Fines at Library	21 52
Pharmaceutical Exhibit	50 00
Frick Endowment Fund	1,000 00
Discounted Note at Farmers' and Planters' National Bank	295 35
Total Receipts	$3,511 12

DISBURSEMENTS.

Advertising 96th Annual Session		$ 5 97
Janitor at St. Paul Street		35 00
Chairs at 96th Annual Session		25 00
Gas at St, Paul Street	$ 5 75	
Gas at Eutaw Street	31 75	
Gas at Linden Avenue	2 75	40 25
Library Board from Dues		637 25
" " Sales and Fines at Library		21 52
Rent, St. Paul and Saratoga Streets		300 00
Rent of Telephone and Moving Same		86 35
Transactions, Vol. 1895		147 99
Stamps for TRANSACTIONS of 1895		15 00
Corresponding Secretaries		28 46
Recording Secretary		6 00
Expenses Semi-Annual Meeting		8 50
Commissions on Collecting Dues		36 80
N. Rufus Gill, Interest on Mortgage on 847 N. Eutaw Street		350 00
To Geo. B. Reynolds, W. Brinton, S. K. Merrick, G. A. Fleming, Theo. Cooke, Sr., J. M. Craighill, G. Lane Taneyhill, J. D.		

Blake, C. O'Donovan, Wm. Green, B. B. Benson, W. S. Halstead, Flora Pollock, J. B. R. Purnell, N. R. Gorter, interest on Notes held by them to 15th April, '96				71 09
Deposit to order Frick Committee				1,000 00

MISCELLANEOUS.

Griffin, Curley & Co		$25 25		
Maryland Medical Journal, Programs	$5 50			
Committee on Preventable Blindness	4 25			
Election Ticket	1 25	11 00		
Engrossing Diplomas		12 00		
Cards for Special Meeting		1 50		
Notices		4 75		
Ice at Library, St. Paul Street		4 80		
Addressing Envelopes		1 18		
J. F. W. Dorman Co., Stamp		30		
New Book for Accounts		1 00		61 78
Treasurer's Expenses				58 65
Deficiency Reported at 96th Session				701 62
			$3,637 23	
Disbursements over Receipts				126 11

LIABILITIES.

Mortgage on Property 847 N. Eutaw Street	$7,000 00
Loan of Clinical Society	1,000 00
Individual Notes	1,295 00
	$9,295 00

ASSETS.

Library and Fixtures, Estimated	$7,500 00
Unpaid Dues	700 00

Property 847 N. Eutaw Street and improvements, see Trustees Report.

Your Treasurer, by the permission of the Executive Committee, so arranged the interest on the individual notes that they would come due on the 15th of April in each year, thus having time to receive receipts, and having them come due at end of Faculty's fiscal year, for our year may begin as early as the 22nd.

Those interested in our deficiencies can keep track of same by consulting transactions of 1895, and those inter-

ested can but be gratified at our good showing during the past year, the increase of one dollar in dues of city members contributed no little to the increase in amount of dues collected and reported.

The outlook for the future is good, and we may confidently expect that our century will be begun without a floating debt such as has been upon us for some time.

Respectfully submitted,

W. F. A. KEMP,

Treasurer.

REPORT OF EXECUTIVE COMMITTEE.

Mr. President and Gentlemen :

The Executive Committee has the honor to report to the Medical and Chirurgical Faculty that it organized shortly after the annual meeting and transacted such routine work as the welfare of the Faculty required. Arrangements were made for the semi-annual meeting at Bel air, which meeting has already been held.

Your Committee was, by the death of the late President of the Faculty, called upon to elect a successor for his unexpired term, and did so, electing Dr. Charles G. Hill, 1st Vice-President, to the vacant position.

A proposal for a Frick Memorial Library to the Medical and Chirurgical Faculty of Maryland was brought before your Committee. This was favorably acted upon and the papers relating thereto are included in this report, as follows:

PROPOSAL.

SATURDAY, FEB. 1, 1896.

Proposal for a Frick Memorial Library for the Medical and Chirurgical Faculty of Maryland.

I have been asked by Messrs. Wm. F. and Frank Frick, brothers of the late Dr. Charles Frick, to lay the following proposal before the Medical and Chirurgical Faculty of Maryland:

(1). The Messrs. Frick will give $1,000 to be spent in the purchase of books for a library.

(2). They desire that such library shall form part of the Library of the Medical and Chirurgical Faculty.

(3). The works purchased shall relate to the subjects in which the late Dr. Charles Frick was especially interested, namely, diseases of the urinary organs, of the cardio-vascular system, and fevers, particularly the malarial fevers.

(4). They agree to give during their lifetime one hundred dollars a year to be used in the purchase of new books in connection with the Frick Memorial Library.

(5). They request that, if possible, a special room shall be set aside for this, in which also they can place a tablet indicating the nature of the Library, and probably also a portrait of Dr. Frick.

(Signed) W. OSLER,

To this Proposal the Chairman replied, and read the following letter:

BALTIMORE, MARCH 30, 1896.

Professor L. M. Tiffany,

Chairman Executive Committee,

Medical and Chirurgical Faculty of Maryland,

DEAR SIR:—We have received yours of the 23rd inst., stating that the Medical and Chirurgical Faculty of Maryland has accepted the proposal made on our behalf by Dr. Osler, as contained in his communication to your Board, of which a copy accompanies your letter.

We, therefore, enclose our checks for the sum of $500 each to your order as Chairmen of the Executive Commit-

tee, for the use of the Association, for the purposes indicated in Dr. Osler's communication, and we agree to contribute annually hereafter, until the death of the survivor of us, the sum of $50.00 each for the maintenance of such special library as the Association may purchase with this contribution,

It gives us much pleasure to add, even in a small measure, to the resources of usefulness of the valuable Association; but we are especially gratified to be informed of its willingness to connect the name of our Brother, Dr. Charles Frick, with the gift, so that it may serve also as a memorial of him.

We also beg to thank you personally for the terms in which you speak of the character and the value of the unhappily short life-work of our brother Charles; and to express to you the deep gratification we feel in receiving from you the assurance that his memory is still so warmly and worthily cherished.

We are, very truly,

(Signed) WM. F. FRICK,
FRANK FRICK.

The letters from the Messrs. Frick were accompanied by checks for $1,000, which have been turned over to the Treasurer of the Association.

It was moved that the whole correspondence between the Messrs. Frick and Drs. Osler and Tiffany be spread upon the Minutes.

A special committee, consisting of Dr. Osler, Chairman, George J. Preston and L. M. Tiffany, was appointed to carry out the instructions of the Messrs. Frick contained in their letter of proposal and the $1,000 was placed in bank to the order of Dr. Osler.

The Committee takes great pleasure in announcing to the Faculty that it has obtained a promise of several oil portraits of members of this Association, some living, others deceased, which portraits will be hung in this Hall of Assembly.

The Treasurer was instructed to adjust the interest on notes held by members of the Faculty so that in future all interest on such loans shall come due at the end of the Faculty's fiscal year.

A communication from the Library Board was received complaining of inability to meet its expenses for the Medical Journals subscribed to by the Library, the July subscriptions being still unpaid, and the bookseller, from whom the Board orders the books, had stopped sending the Journals until it was paid.

The Treasurer, Dr. Kemp, reported $100 at present available for the relief of the Library Board, and the Treasurer was, therefore, directed to discount the Faculty's note at 90 days for $300, and give the proceeds to the Library Board.

At the meeting in March, the Treasurer made a detailed report of the condition of the finances of the Faculty, and drew attention of the Executive Committee to the fact that the Faculty has had to borrow $300 to assist the Library Board to pay for Journals, and that arrearages usually amount to nearly $1,000 at this time of the year.

It was decided that the Executive Committee in its report, at the coming annual session, recommend the following by-law for adoption by the Faculty: That the Treasurer shall post at the annual meetings and in the Faculty rooms the names of members whose dues are in arrears one or more years, such members being ineligible to hold office or serve as delegates or on committees.

The Treasurer was directed to send a copy of this note to each delinquent member.

L. M. TIFFANY, *Chairman.*
AARON FRIEDENWALD,
JOHN S. FULTON,
CHAS. G. HILL,
W. F. A. KEMP,
GEO. J. PRESTON,
DAVID STREET,

REPORT OF LIBRARY BOARD.

Mr. President and Gentlemen of the Faculty:

The Library Committee has the honor to report that it organized soon after its appointment, and elected Dr. George J. Preston, Secretary.

Dr. C. Hampson Jones was re-elected Librarian and Registrar, and Mr. Isaac Jones Assistant. The salary of the former was $15.00 per month and of the latter $10.00 per month, being the same as in the previous year.

The Library was kept open from 12 o'clock noon to 6 P. M. Early in the summer it became necessary to begin preparation for our intended removal to the present new building. This imposed a considerable amount of additional work upon the Librarian, as all the books had to be tied in parcels and labeled so that they could be placed upon the shelves of the new rooms exactly in the same position and on the same letter and number of shelf as that from which they were removed.

Dr. Jones accomplished this work in a most satisfactory manner, the entire cost of preparing and labeling the books, their removal and replacement on the shelves of the present rooms being only $54.00.

The committee wishes to express its sense of obligation to Dr. Jones for continuing in a position from which he wished to be relieved; but, as he was familiar with the Library, we induced him to remain in charge until after the removal and shelving of the books had been completed.

In December the committee appointed Miss C. F. Parsons as Librarian and Registrar of nurses at a salary of $25.00 per month. The Library to be kept open from 10 A. M. to 8 P. M.

It is to be regretted that some arrangement could not be made by which the rooms could be kept open to readers until 10.30 or 11 o'clock at night.

The committee wishes to make an explanation to the Faculty in regard to the discontinuance of the journals for several months during the past winter.

Owing to the increased amount of money needed by the Treasurer to meet the expenses occasioned by the purchase of the new building, he was unable to furnish the Library Committee with the funds necessary to continue its subscriptions, and the agent declined to send the journals.

After this matter had been adjusted the journals were renewed from January 1st, and they are now coming in regularly.

There are now in the Library, by recent count, 7,500 bound volumes. 202 books have been added since April 28, 1895. Of these, 89 volumes are new books; of which 61 were contributed by the Book and Journal Club, 14 by Dr. W. B. Canfield, 4 by Dr. Wm. Osler, 1 by Dr. Oscar H. Allis, 1 by Dr. Wm. H. Welch, 1 by Dr. Samuel C. Busey, of Washington, D. C., 8 parts or numbers of Taylor's Clinical Atlas of Venereal and Skin Diseases by Dr. Charles E. Sadtler.

A full list of the above books was published in the Maryland Medical Journal of April 11th, page 466.

Fifty volumes have been donated by Dr. John R. Winslow from the library of the late Dr. Caleb Winslow; 43 volumes have been donated by Mrs. Ellen Kilpatrick, of this city, through Dr. Joseph F. Perkins, a former member of this Society, but now of New York City; 20 volumes were donated by Dr. B. B. Browne; 3 packages of Hospital Reports have been received from the Book and Journal Club; 102 Miscellaneous Medical Journals have been donated by Sharp & Dohme; 31 Pamphlets by Dr. S. K. Merrick. One hundred journals are now regularly received at the Library. Of these 46 are subscribed to by the Library Committee, and 29 by the Book and Journal Club. One hundred two volumes have been bound during the year; 170 books have been taken out by members since December 16, 1895. Three hundred and seventy-seven persons have visited the Library to take out books to read, or on business in the past six weeks.

The Book and Journal Club of the Medical and Chirurgical Faculty, which has been recently organized, will be a valuable auxiliary to the Library. It has already placed upon our shelves 61 volumes of new and valuable books, and has subscribed to 30 important journals, mostly foreign, which are now coming in regularly. These books and journals are put here for the use of all the members of the Medical and Chirurgical Faculty, whether members of the Club or not.

The card catalogue, which has been in use for so many years, has become almost useless from the number of changes that have been made in it, and from the fact that it is entirely too small for the purposes of our Library. A good system of cataloguing is absolutely necessary for the convenient use of a library. The committee, therefore, recommend that the Faculty appropriate the sum of one hundred and fifty dollars for the purchase of a modern card catalogue.

A resolution to this effect will be offered for your consideration under miscellaneous business.

The funds received by the committee have been as follows:

From Dr. W. F. A Kemp, Treasurer	$637 25
" " " for fines and dues	21 52
" Nurses Directory	78 00
	$736 77

DISBURSEMENTS.

Deficiency at last Report	$ 89 75
Binding Journals and Books, 102 vols	70 80
Salary for Librarian and Assistant	312 50
Expenses in moving Books, etc	54 00
Expenses at the Library, Printing, Stationery, Cards, etc	23 76
Expenses at Nurses Directory	24 68
Subscription to Journals	77 90
	$653 39
Balance on Hand	83 38
	$736 77

Against this balance there remains unpaid a bill of Gustav E. Stechert for Journals, $126.57.

You will observe from the above statement that the committee started in with a deficiency of $89.75, and that it paid out of the Library funds $54.00 for removing the Library to the present building. If these two amounts had not been paid out of the Library funds, we could have paid Stechert's bill of $126.57, and had a balance remaining of $64.01.

The removal of the Library to its present location has added much to its usefulness, more than ten members visiting it now where one visited it at at the former location.

B. BERNARD BROWNE,
J. D. BLAKE,
H. M. HURD,
GEO. J. PRESTON,
W. B. PLATT.

REPORT OF COMMITTEE ON MILK LABORATORY.

The Committee on "Infant Feeding" of which I have the honor to be Chairman, and to have associated with me Dr. Wm. F. Lockwood and Dr. L. E. Neale, was appointed last spring after I had read a paper on "Recent Improved Methods of Infant Feeding, with a special reference to modified milk." I endeavored to bring to the attention of the profession here, the possibilities of securing a clean, sterile milk, and by laboratory methods, a milk whose percentages in its ingredients of fat, sugar and albuminoids could be combined to meet the needs of infants of varying ages, weights, strength, etc. My attention was drawn to the subject of my paper during my residence in Boston, where I saw the value of such a system, which was carried out in the most scientific manner by the Walker-Gordon Laboratory Co., under the able guidance of Dr. Rotch, to whom most of the credit is due of perfecting the means of separating and recombining in varying proportions, the chief constituents of cow's milk. The sum and substance of my paper, which subsequently appeared in the Philadelphia Medical News of May 25th and Juue 1st., was the alteration of cow's milk in as nearly an aseptic manner as possible to approach in composition any

desired strength of mother's milk. By strength of mother's milk, I mean its quality in albuminoids, fat, sugar, etc., as required for the well being, growth and development of any infant in question. It may not be amiss to re-read some paragraphs from my original paper. In the first part of my paper, I strove to show some of the causes which lead to digestive disturbances, diarrhoeal diseases, rickets and the like, condemning first, patent cereal foods; second, milk sterilized to 212 degrees Fahrenheit, and milk not heated at all, which had been exposed to the contaminating influences of septic surroundings and handling. One of the classes of cases that I wished to especially help by this method, are those children who receive a pure, properly heated milk, but do not increase in weight and strength and have more or less disturbance in digestion.

1. This is invariably due to the strength of the milk, which, from the relative proportions of its constituents not being adapted to the requirements or power of the child's digestion, is unlike mother's milk in composition. The ingredient which, as a rule, causes the most trouble is the albuminoid, as it is in excess in cow's milk as compared with human milk. Of course, these three classes of causes of digestive disturbances may all be present in any one infant's food, and our endeavors should be to correct them all.

Let us consider first the normal breast-milk of a healthy mother. It gives on analysis a proportion of:

Fat	3 to 4	per cent.
Sugar of milk	7	"
Albuminoids or, as they are more properly called, proteids.	2	"
Ash	0.1 or 0.2	"
Total solids	12 to 13	"
Total liquids	87 to 88	"

Such milk is alkaline and sterile. The temperature is from 98 degrees to 100 degrees; the specific gravity from 1028–1032. This is known as "4–7–2" milk, representing the porcentages of fat, sugar and proteids. Breast-milk is secreted in an *amount and quality* proportionate to the infant's age and size; therefore we cannot assume that all babies will digest this "4-7-2" milk well and gain in weight on it, as an analysis of a dozen different samples of breast-milk from as many mothers may show variations of from 0.5 to 2 per cent. in the different ingredients; yet all their infants may be thriving. In other words, each baby thrives best on its own peculiar breast-milk. But in general terms we may assume the "4–7–2" milk as the average and model, but not an exact formula to be used in *all* cases as a set, inelastic prescription. If a child is breast-fed and is doing well, what are we to do if we have charge of it? Nothing? No; we are to send a specimen of that mother's milk to a chemist to be analyzed, so that we may know exactly what the child is receiving; and if the mother's milk should be vitiated from any cause, such as sickness, grief, return of menses, etc., and it seems imperative that an artificial milk is to be furnished for the infant's welfare, we should get one as near as possible like that in composition on which the child thrived. This the known analysis enables us to do. On the other hand, suppose a nursing child is doing badly and the analysis of the mother's milk (which should be made in all cases) shows it to be below par, through none of the causes that are usually responsible for its sudden deterioration, two alternatives are open to us: One is to substitue feeding with cow's milk, modified so as to approach as nearly as possible the *normal average mother's milk*, or "4–7–2;" but the other alternative is possible in many cases, and that is, so to build up the mother's health as to modify *her milk*.

2. Average healthy cow's milk contains on analysis:

Fat	4	per cent.
Sugar of milk	4	"
Proteids, 4, 5 or more		"
Ash	0.7	"
Total solids	13-14	"
Total liquids	86-87	"

Such milk is slightly *acid*. It is *not sterile*, and the temperature and specific gravity vary, of course depending on the conditions to which it has been subjected. Comparing this with the analysis of normal average human breast-milk, we find that the amount of fat is the same. In cow's milk the sugar-of-milk is *much less* and the proteids *much more*, and it possesses the further disadvantages of being *non-sterile*, *acid*, and of *uncertain temperature*.

3. In other words, cow's milk is too strong in proteids (4 to 5 per cent. or more, instead of only 2 per cent.) The sugar-of-milk should be nearly doubled (from 4 per cent. to 7 per cent.), and the fat is to be kept as nearly the same as possible.

Obviously, then it is easy to see, with these facts before us, what we shall have to do to modify cow's milk so as to make it approach as nearly as possible mother's milk in composition.

First of all, dilute to reduce the proteids or albuminoids one-half. Then add additional cream and sugar-of-milk to bring these up to their proper proportions. Neutralize with lime water, and heat by means of a "Pasteurizer" to 167 degrees, which will *not* decompose the sugar and the lime-water, nor *coagulate* the proteids, but will render the milk practically sterile, and we have a modified cow's milk approaching nearly in composition, etc., average human

breast-milk. I use the word "heat" advisedly, instead of that much abused word "sterilize," in regard to artificial feeding. Mr. Gordon, of the Walker-Gordon Laboratory, is my informant in stating that in the milk of one cow in twenty-four hours there is as much citric acid as one finds in an ordinary lemon, and that it too is destroyed by an indiscriminate elevation of the temperature to 212 degrees, or more for an indefinite time, as is done so commonly now with the sterilizer in general nursery use. By this high heating, then, the anti-scorbutic property possessed by the milk is lost. Mr. Gordon also stated that at that temperature (212 degrees) *all the albuminoids are coagulated* and rendered more indigestible. Clinicians who have tried both methods confirm this.

Rotch had cultures made of the unsterilized whole milk in six hours after milking, and it yielded 68,000 colonies per cubic centimeter of milk, but no cultures grew from either the whole or modified milk after heating to 167 degrees. Cultures of the lime-water showed that it too was sterile. Leeds found no coagulation of the albminoids at 167 degrees Farinheit, but *above that point coagulation occurs.*

Last year Boston and New York were the only cities that possessed the thoroughly scientific and practical Walker-Gordon Laboratories or Dairies, where physicians may and do send their prescriptions for a milk of any desired analysis to be duplicatcd, just as one would have a recipe compounded at a druggist.

4, I can now add that Philadelphia, Brooklyn and Montreal have these splendidly equipped Laboratories and Dairies, and, as I will show presently, Baltimore through our efforts is to be added to the list. Now as to the Nursery, Dairy and Laboratory, I would say, the cows, their food, their stables, their pasture and their drinking-water

are subjected to the frequent, paid, critical examination of the best veterinary surgeon that can be procured. "The cows are milked into glass pails, and the milk, after being aerated and cooled to about 44 degrees, in a tank of ice and water, is delivered at the Laboratory." The average and almost stable analysis of this original milk shows a percentage of:

Fat	3.90
Sugar-of-milk	4.30
Proteids	4.00
Mineral matter	0.65
Total solids	12.85
Total liquids	87.15
	100.00

At the Laboratory a ventilating engine keeps up a constant change of air, and a hose keeps the enameled-brick walls and stone floors wet, to prevent any remaining dust from contaminating the milk while it is being "modified."

The whole milk, after being "pasteurized," passes through a Stockholm separator, which makes 6800 revolutions a minute, and yields a cream of an almost constant, 16 per cent., fat. It not only does this, but it removes all dirt that from unavoidable causes has gained access to the milk, thus yielding a clean, skimmed milk practically free from fat (only 0.13 per cent. remaining).

The modifier has as a result stable component parts of the original milk to work with, made up by analysis as follows:

	FAT.	SUGAR.	PROTEIDS.
Cream giving	16.00	4.00	3.60
Skimmed milk giving	0.13	4.40	4.00

A 20 per cent. solution of sugar-of-milk, freshly prepared every day with distilled water, is used to raise the percentages of sugar. The mineral salts are ignored or allowed to take care of themselves.

When a formula is received at the Laboratory from a physician the prescription is copied by a clerk in a book for that purpose, and which is always open to the prescribing physician's inspection. The milk-modifying clerk picks up a basket with as many compartments as meals ordered, and fills each compartment with a tubular bottle holding the number of ounces ordered for each feeding. After mixing the ingredients en masse as ordered, each bottle is filled and the basket passed to the stoppler, who plugs each tube with cotton. The whole is then "pasteurized" for half-an-hour after being carefully labelled. The basket of milk is then ready for delivery. The delivery wagon is divided into two compartments; the back, which is lined with zinc and easily cleaned, is for fresh milk and baskets and the front for soiled tubes, baskets, etc., which are sterilized at the Laboratory before being taken into the "modifying-room."

Some of the more usual formulae received at the Laboratory may be useful and of interest.

For a premature baby of the very weakest digestion:

Fat	1.00
Sugar	5.00
Proteids	0.50

Twelve feedings of 1 ounce each.

For the same child when a little stronger:

Fat	2.00
Sugar	6.00
Proteids	1.00

Ten feedings of 2 ounces each.

For a fairly strong child, from two to five months old:

Fat	4.00
Sugar	7.00
Proteids	1.00

Eight feedings of 4 ounces each.

For a strong child, from five to eight months old:

Fat	4.00
Sugar	7.00
Proteids	2.00

Eight feedings of from 6 to 7 ounces each.

5. The outcome of the efforts of our Committee, is that we have had a voluminous correspondence with the Walker-Gordon Laboratory Company in our endeavors to get a laboratory, etc. here. Some of the first letters contained an effort on their part to secure stockholders among the physicians of Baltimore in the proposed Laboratory; this we considered impossible, as few, if any doctors so far as we could learn, would care to go into a milk business which they would endeavor to get their patients to patronize; so a general effort of this kind was dropped by the Laboratory Committee. They then sent representatives on to talk over this situation with our Committee, to look over the field and to meet other doctors. These representatives appreciated the feasibility of establishing a laboratory here and I am glad to be able to announce, that through our efforts I am assured we will shortly have one in full operation. The last letters of Mr. Gordon are as follows:

PHILADELPHIA, MARCH 28, 1896.

R. Tunstall Taylor, M. D., Chairman,
State Faculty Committee on Infant Feeding.

DEAR DOCTOR TAYLOR:—In reply to your letter, forwarded here from Boston, I beg to say that we shall soon

now have a first-class laboratory in Baltimore. The preliminary steps are taken, and we are now awaiting an arrangement with Burnside Farm for the milk supply, etc. I can assure you that it will be second in perfection of primal milk supply and laboratory arrangements to none of the others. If you are in this city at any time we should esteem it a favor if you would call and see this establishment, as it will give you an idea of the one prospected for your own city. You may assure your Committee that we shall be ready very quickly to put matters actively in operation in Baltimore. The capital is already assured, and it is only a question of minor arrangements that causes the delay.

Yours respectfully,

THE WALKER-GORDON LAROATORY,

per G. E. GORDON.

REPORT OF THE NURSES' DIRECTORY.

FROM DEC. 16TH, '95 TO APRIL 28TH, '96.

Registered hospital trained nurses, 34: male nurses, 6; female nurses, 28. Nurses having obstetrical certificates only, 7. Holding diplomas in evidence of two years hospital training in general nursing, 21. Nurses practising massage, 8. Holding certificates from the Maternite of the College of Physicians and Surgeons, 2. Holding diplomas from the Maryland Homeopathic Hospital Training School, 2. Holding diplomas from the Free Lying-in Hospital of the University of Maryland, 7. Holding diplomas from the Maryland University Hospital Training School, 3. Holding diplomas for two years course at the Garrett Hospital for Children, 1. Holding diplomas of

Philadelphia Hospital Training School, 4. Holding diploma of the Hospital for Sick Children, Toronto, Can., 1. Holding diploma from Johns Hopkins Hospital, 1. Holding diploma of the Cooper Hospital Training School, Camden, N. J., 1. Holding diploma from the Royal Infirmary, Manchester, England, 1. Holding diploma from Heurietten Stiff, Hanover, Germany, 1. Holding diplomas from Training School of the Woman's Hospital, Philadelphia, 2.

Calls for Nurses from December 28th, 1895 to April 27th, 1896, 30.

Total receipts.....	$78 00
Total disbursements.....	24 68
Balance.....	$53 32

The Directory is now getting in good running order. The rules have been so altered that there is now no expense to the physician or other person obtaining a nurse through the Directory.

All of which is respectfully submitted.

B. BERNARD BROWNE, *Chairman.*
JOHN D. BLAKE.
HENRY M. HURD.
GEO. J. PRESTON.
WALTER B. PLATT.

RULES FOR THE GOVERNMENT OF THE LIBRARY.

Adopted May 9th and 12th, 1892.

I. The Librarian or Assistant Librarian shall attend in the Library Rooms daily except Sunday and legal holidays, from 12 o'clock until 6 o'clock P. M., during which hours only, books and journals may be taken from the Library.

II. Each member of the Faculty, paying the annual dues, shall be entitled to take out at one time, four volumes duodecimo, two volumes octavo, one volume quarto or one volume folio. This rule may be suspended by the written order of three members of the Library Committee.

III. City members retaining books longer than *two weeks* and county members longer than *four weeks*, shall be subject to the following *fines* per week, viz: 10 cents for the first week, 20 cents for the second week, 30 cents for the third week, and 10 cents per week for every week thereafter. Such fines shall be appropriated exclusively for the benefit of the Library.

IV. No book shall be delivered to a member unless in person or to his written order. A member receiving a book shall be held responsible for it from the time of its delivery until its return to the Library.

V. A member not returning a book or books belonging to the Library within four weeks after the date of receiving them, shall be notified *by the Librarian* that he

is incurring a fine; and if they be not returned within three months, in the absence of satisfactory reasons therefor, the Librarian shall recover them, or if they be lost, their value in behalf of the Faculty; otherwise the defaulting member shall forfeit the privileges of the Library, and shall be reported at the next annual convention of the Faculty, by the Library Committee. Should any book be injured or defaced while in the possession of a member, he shall be fined at the discretion of the Library Committee, or, at his option, may furnish such a copy of the same work as shall be acceptable to the Committee.

VI. If any member, upon returning a book, shall find that there has been no application for it while in his possession, he may take it again for the time allowed in Rule III, but may not take it out a third time until after the expiration of one week succeeding its return to the Library. New books may not be taken by members for more than one term of two weeks until after the expiration of one additional week after their return.

VII. Members are not entitled to receive books from the Library untill all arrearages for fines are paid. Fines may be remitted or reduced, for just and sufficient reasons, by the Library Committee.

VIII. The Librarian shall appropriately number and stamp the books, pamphlets and periodicals, and place them in proper order on the shelves. He shall obtain and keep a correct list of the members paying the annual dues. He shall record, in a book kept for that purpose, the names of members who receive books from the Library, the titles and sizes of the books, the time of their delivery and of their return. He shall continue the catalogue of the books, pamphlets, periodicals, etc.; keep an account of all moneys received by him for fines,

contributions, sales, etc.: which moneys he shall pay into the hands of the Chairman of the Library Committee on the last week day of each month. He shall report during the last week in March of each year to the Library Committee, a statement of such donations of money or of books as may have been made to the Library, with the names of the donors, as well as of such books, pamphlets, periodicals or of other valuable matter as may have come into the possession of the Library by purchase, exchange, or otherwise. He shall keep a record of all books, periodicals, etc., upon the subscriptiou list of the Library Committee, shall keep due record of their receipt at the proper time, and shall report to the Library Committee the non-receipt of any when over due. He shall keep on file applications for such books as may have been let out of the Library, and make any suggestion to the Committee he may deem necessary.

IX. Under no circumstances will members be permitted to remove new books, new journals, or other recently received matter, before such time as the Library Committee shall determine.

X. Scarce and valuable books, the loss of which it would be difficult to replace, shall not be removed from the Library rooms without the approbation of two members of the Library Committee.

XI. The Librarian is empowered to sell or exchange duplicate books, journals, etc., upon such terms as may appear advantageous, upon the approval of the Library Committee.

RESOLUTIONS, AMENDMENTS, ETC., AFFECTING THE CONSTITUTION, FROM 1885 TO 1896, INCLUSIVE.

May 16th, 1885, by Dr. J. Edwin Michael. Changing the word *gentlemen* to the word person in Article IV, Sec. 1, of the Constitution, and changing phraseology throughout to correspond.

May 16th, 1885, by Dr. E. Cordell. Changing Article IX of the Constitution to read "The Annual Meetings of the Faculty shall be held in the city of Baltimore on the fourth Tuesday in April, or at such date as the Executive Committee, with the concurrence of the President shall appoint. A Semi-Annual Meeting may be held at such time and place as the Executive Committee may designate."

May 1st, 1886, by Dr. G. Lane Taneyhill. Article VIII, of the Constitution, to read, "All resignations must be sent to the Corresponding Secretary, and can be accepted only by the Faculty, at any meeting except a memorial meeting."

May 1st, 1886, by Dr. G. Lane Taneyhill. "That the Corresponding Secretary, in giving notice of an Annual Meeting, shall do so at least two weeks before the date of such meeting."

April 29th, 1887, by Dr. John R. Quinan. Article III, Section 5, of the Constitution to read as follows between the words "referred to them" and "shall present:" He shall notify all members, by circular or otherwise, of the

time and place of each meeting, and, if it be an Annual one, he shall issue such notice at least two weeks before said Annual Meeting.

April 17th, 1888, by the Secretary. *Resolved*, That the Treasurer is hereby instructed, annually, until otherwise ordered; to mail on April 1st, a printed statement of all indebtedness to all members who are delinquent, stating the year of delinquency, and informing such members that by the Constitution, unless payment be made before the fourth Tuesday of April, they are temporarily deprived of the privileges of the Faculty, among which are voting, elegibility to office, and appointment on standing Committees, Sections, or as Delegates to any Convention.

Resolved, That the Treasurer is hereby instructed, annually, until otherwise ordered, to hand up to the presiding officer, at the close of the third day's session, a revised list of delinquents, resignations, deaths, and dropped for non-payment of dues of members, in order that the President may complete a proper list of appointees for the ensuing year.

April 27th, 1889, by Dr. Charles H. Jones, on motion to adopt the report of the Committee on Increasing Membership. "Change Article X of the Constitution, making dues of city members after the fourth Tuesday in April, 1890, $5.00, and those of county members $2.00. Also change the phraseology of Section 1, Article IV, to read five instead of eight."

April 27th, 1889, by Dr. Randolph Winslow. Change Section 2, Article VI, to allow the papers read before the Faculty to be published elsewhere than in the TRANSACTIONS, provided they have not been read previously before any medical society, and that such publication take place after they have been read before the Faculty.

April 25th, 1890, The following "Rules" offered by Dr. B. B. Browne, Chairman of the Library Committee, were adopted: "City members retaining books longer than two weeks, and county members longer than four weeks, shall be subject to the following fines per week, viz.: 10 cents for the first week, 20 cents for the second week, 30 cents for the third week, and 10 cents per week for each week thereafter. Such fines shall be appropriated exclusively for the benefit of the Library."

April 24th, 1890, On motion of Dr. B. B. Browne, *Resolved*, That at the Annual Convention, *an executive session* be held on Wednesday, the second day of the Convention, at 8 P. M. That at this meeting he reports of all the Committees shall be read, miscellaneous business shall be considered, and the election of officers take place.

April 29th, 1891, by Dr. J. C. Hemmeter. The *titles* of all reports and papers must be sent to the Recording Secretary *at least one week before* the opening of the meeting at which it is desired to read the paper.

April 23rd, 1891, by the Library Committee. *Resolved*, That the sum appropriated by the Faculty for the use of the Library be disbursed to the Chairman of the Library Committee in equal payments, the first to be made on or before May 10th, the second on or before August 15th, the third on or before January 15th, and the fourth on or before April 15th, of each year.

April 27, 1892, by the Library Committee. *Resolved*, That *one-half* of all the *initiation fees* and *annual dues* be paid to the Library instead of five-eights of the dues from city and two-thirds from county members, as at present.

April 27th, 1892, by Dr. Hiram Woods. The Chairman of each Section shall select some member of the Faculty to open the discussion upon one of the papers to be read by his Section. He shall send to the Recording Secre-

tary the name of the one selected when he sends the titles of papers to be presented by his Section.

April 26th, 1893, by Dr. Wm. H. Welch. *Ordered*, that the Recording Secretary assist the Chairman of the Examining Boards to prepare and issue the diplomas of membership, it being already his duty to affix the seal to the diplomas.

April 26th, 1894, by Executive Committee. In Art. V., Sec. 1, of Constitution, omit the words "and Sections" and all that follows after the word "Committee on Ethics," insert "Committee on Programme" after "Committee on Ethics."

Omit the word Section or Sections (when used to designate Section on Surgery, Section on practice of Medicine, etc., as enumerated in Article V, Section 1,) from Article III, Sections 1, 3, 5, 7, Article V, Section 2, and change the phraseology to correspond with these omissions. Omit the last paragraph beginning "each section," etc., in Article V, Section 2. Change Article III, Section 1, paragraph 1, to read thus: He shall call a special meeting at such times as the interests of the Faculty may require.

In Article VI, after Section 5, introduce the following: "Section 6." *The Committee on Programme* shall procure papers to be read at the Annual and Semi-Annual Meetings of the Faculty.

Make membership of Executive Committee 7 instead of 6, including Recording Secretary and Treasurer *ex-officio* members of this Committee.

Under By-Laws, Section 1, omit "13 Report of Settions, in order of appointment," in the following line omit the word "Volunteer," and in order "18, announcement of Committees, Sections, etc.," omit the word "Sections."

On amendments of April 27th, 1888, by the Secretary. Omit the word "Sections."

Introduce motion limiting time for reading papers (with exception of general addresses) to 20 minutes.

April 24th, 1895. ARTICLE X. Titles, Dues. To read: "For the purpose of defraying the expenses of publishing the TRANSACTIONS, of increasing the efficiency of the Library and of meeting incidental expenses, each member of the Faculty residing in the city of Baltimore shall be assessed six dollars annually. The members residing in the counties shall be assessed two dollars annually. These assessments must be paid within thirty days after each annual meeting. It shall be competent for the Faculty to levy additional assessments if the emergencies of the treasury should require it."

ARTICLE XI. Title, Dues and Appropriations to the Library. "That for the first fiscal year, beginning April 23, 1895, the appropriation to the Library, including the salary of the Librarian, Registrar of Nurses, Secretary, Assistant Librarian and Assistant Registrar of Nurses Directory be $600. In future years the amount to be appropriated shall be determined by the Executive Committee at its first meeting in each year, upon itemized estimates submitted by the out-going Library Committee at the previous annual meeting."

ARTICLE XII. New Article. Trustees. "That the Board of Trustees (formed by the Faculty March 20, 1895) render, in writing, a report giving a financial statement of their receipts and expenditures during the past fiscal year."

Change Article XII to XIII.

"That no doctor of medicine who has graduated since June, 1892, shall be eligible for membership in this Faculty, unless he has passed the examination of the Board of Medical Examiners of the State of Maryland and is recommended for membership by a member of this organization."

By Executive Committee, adopted April 28th, '96. The Treasurer shall post at the Annual Meetings and in the Faculty Rooms the names of members whose dues are in arrears one or more years, such members being ineligible to hold office, or serve as delegates or on committees.

By Executive Committee, adopted April 28th, '96. The Treasurer shall pay the bills of the Library Committee upon the warrant of the Chairman of the Library Committee to the limit of the annual appropriation.

LIST OF PRESIDENTS—1799-1896.

UPTON SCOTT—1799-1801.
PHILIP THOMAS—1801-15.
ENNALS MARTIN—1815-20.
ROBERT MOORE—1820-26.
ROBERT GOLDSBOROUGH—1826-36.
MAXWELL MCDOWELL—1836-41.
JOEL HOPKINS—1841-48.
RICHARD C. STEUART—1848-51.
WILLIAM W. HANDY—1851-52.
MICHAEL S. BAER—1852-53.
JOHN L. YATES—1853-54.
JOHN FONERDEN—1854-55.
JACOB BAER—1855-56.
CHRISTOPHER C. COX—1856-57.
JOSHUA I. COHEN—1857-58.
JOEL HOPKINS—1858-59.
GEO. C. M. ROBERTS—1859-70.
JOHN R. W. DUNBAR—1870.
NATHAN R. SMITH—1870-72.
P. C. WILLIAMS—1872-73.
CHARLES H. OHR—1873-74.
HENRY M. WILSON—1874-75.
JOHN F. MONMONIER—1875-76.
CHRISTOPHER JOHNSTON—1876-77.
ABRAM B. ARNOLD—1877-78.
SAMUEL P. SMITH—1878-79.
SAMUEL C. CHEW—1879-80.
H. P. C. WILSON—1880-81.

FRANK DONALDSON—1881-82.
WILLIAM M. KEMP—1882-83.
RICHARD McSHERRY—1883-84.
JOHN R. QUINAN—1885-86.
GEORGE W. MILTENBERGER—1886-87.
I. EDMONDSON ATKINSON—1887-88.
JOHN MORRIS—1888-89.
AARON FRIEDENWALD—1889-90.
THOMAS A. ASHBY—1890-91.
WM. H. WELCH—1891-92.
L. McLANE TIFFANY—1892-93.
GEORGE H. ROHE—1893-94.
ROBERT W. JOHNSON—1894-95.
*J. EDWIN MICHAEL—1895-96.
CHAS. G. HILL—DEC. 95—MAY, 96.

*Died December 14th, 1896.

LIST OF VICE-PRESIDENTS.

1799–1848— ....

1848–51—John Readel, Jacob Bear, P. Wroth.

1851–52— ....

1852–53— ....

1853–54—John Fonerden, Albert Ritchie, P. Wroth.

1854–55—Geo. C. M. Roberts, ..., ...

1855–56—Geo. C. M. Roberts, G. W. Miltenberger, M. Diffenderfer.

1856–57—P. Wroth, Wm. H. Davis, Samuel Smith.

1857–58—Wm. Waters, Frederick Dorsey, Joel Hopkins.

1858–59—Samuel Chew, Stephen N. C. White, Samuel K. Handy.

1859–60—John W. R. Dunbar, Samuel Chew, Wm. M. Kemp.

1860–71— .. ..

1871–72—C. H. Ohr, Edward Warren, Richard McSherry.

1872–73— ....., ..., ...

1873–74—S. C. Chew, H. M. Wilson, A. B. Arnold.

1874–75—Francis T. Miles, Jas. A. Steuart, D. A. O'Donnell.

1875–76—Christopher Johnston, A. B. Arnold, J. C. Thomas.

1876–77—P. C. Williams, Jas. A. Steuart, Francis T. Miles.

1877–78—S. C. Chew, F. E. Chatard, Chas. H. Jones.

1878–79—Jas. C. Thomas, L. McLane Tiffany.

1879–80—H. P. C. Wilson, Jas. A. Steuart.

1880–81—L. McLane Tiffany, G. Ellis Porter.
1881–82—A. H. Bayly, I. E. Atkinson.
1882–83—Thomas S. Latimer, Richard McSherry.
1883–84—W. Stump Forwood, J. S. Lynch.
1884–85—John R. Quinan, I. E. Atkinson.
1885–86—E. C. Baldwin, J. E. Michael.
1886–87—Thos. Opie, Richard Gundry.
1887–88—Chas. H. Jones, Jas. Carey Thomas.
1888–89—J. E. Michael, Thos. P. Evans.
1889–90—T. A. Ashby, C. G. W. McGill.
1890–91—Geo. H. Rohe, J. McPherson Scott.
1891–92—J. W. Humrickhouse, David Street.
1892–93—J. W. Downey, J. W. Chambers.
1893–94—John D. Blake, John S. Fulton.
1894–95—Chas. H. Jones, W. M. Nihiser.
1895–96—Chas. G. Hill, Clotworthy Birnie.
1896–97—Wilmer Brinton, Randolph Winslow.

The list of Vice-Presidents exposes the incompleteness of our records. It is earnestly hoped that all members of the Faculty who possess or may discover records of election or lists of officers for any year from 1799–1848, 1851–1853, 1860–1871, or 1872–1873 will communicate such information to the Recording Secretary.

ACTIVE MEMBERS—1896.

* Deceased during the year.

† Three years in arrears for dues, and will hereafter be dropped.

Abel, John J., 1604 Bolton Street, Baltimore.
Adams, James F., U. S. Marine Hospital, Baltimore.
Ames, Delano, 108 E. Preston Street, Baltimore.
Anderson, Charles L. G., Hagerstown, Md.
Anderson, Edward, Rockville, Md.
Andre, J. Ridgeway, 1123 E. Baltimore Street, Baltimore.
Archer, W. S., Belair, Md.
Aronsohn, Abram, 1601 Linden Avenue, Baltimore.
Ashby, Thos. A., 1125 Madison Avenue, Baltimore.
Atkinson, G. T., Crisfield, Md.
Atkinson, I. E., 605 Cathedral Street, Baltimore.
Atkinson, A. Duval, 605 Cathedral Street, Baltimore.
Baldwin, Ed. C., 304 N. Exeter Street, Baltimore.
Barker, Lewellys F., Johns Hopkins Hospital, Baltimore.
Barnes, Wm. M., 1525 W. Lanvale Street, Baltimore.
Batchelor, Kemp B., 1807 N. Charles Street, Baltimore.
Bateman, J. M. H., Easton, Md.
Bates, J. W. P., 1020 E. Baltimore Street, Baltimore.
Baxley, Hy. M., 1550 Madison Avenue, Baltimore.
Beckley, E. L., Middletown, Md.
Belt, Alfred M., 1010 Cathedral Street, Baltimore.
Belt, S. J., 314 N Exeter Street, Baltimore.
Benham, Chas. Hy., Girdletree, Md.
Bennett, Jas. Bates, 253 S. Broadway, Baltimore.
Benson, B. R., Cockeysville, Md.
Benson, Jas. E., Cockeysville, Md.

Berkely, Harry J., 1303 Park Avenue, Baltimore.
Bernstein, Ed. J., 800 Madison Avenue, Baltimore.
Bevan, C. Fred., 807 Cathedral Street, Baltimore.
Biedler, H. H., 119 W. Saratoga Street, Baltimore.
Billingslea, M. B., 1206 E. Preston Street, Baltimore.
Birnie, Clotworthy, Taneytown, Md.
Bishop, E. Tracy, Smithsburg, Md.
Blaisdell, W. S., Punxsutawney, Pa.
Blake, John D., 602 S. Paca Street, Baltimore.
Bloodgood, J. C., Johns Hopkins Hospital, Baltimore.
Blum, Joseph, 1820 Madison Avenue, Baltimore.
Bolgiano, Walton, 2020 N. Charles Street, Baltimore.
Bond, A. Kerr, 889 Park Avenue, Baltimore.
Bond, S. B., 23 W. Chase Street, Baltimore.
Bolton, John H., 1201 N. Broadway, Baltimore.
Booker, W. D., 851 Park Avenue, Baltimore.
Bordley, James, Centreville, Md.
Bosley, James, 1100 W. Lanvale Street, Baltimore.
Branham, J. H., 538 N. Arlington Avenue, Baltimore.
Brawner, J. B., Emmittsburg, Md.
Brayshaw, Thos. H., Glenburnie, Md.
Bressler, Frank C., 1713 Bank Street, Baltimore.
Brinton, Wilmer, S. W. cor. Calvert and Preston Sts., Baltimore.
Briscoe, Philip, Port Republic, Md.
Bromwell, J. E., Mt. Airy, Md.
Browne, B. B., 510 Park Avenue, Baltimore.
Brush, Ed. N., Sheppard Asylum, Towson, Md.
Buckler, Thos. H., 1309 Park Avenue, Baltimore.
Buddenbohn, C. L., 418 S. Paca Street, Baltimore.
Butler, John C., Belair, Md.
Byrne, Bernard J., Ellicott City, Md.
Campbell, W. H. H., Owing's Mills, Md.
Canfield, Wm. B.. 1010 N. Charles Street, Baltimore.
Cairnes, Geo. H., 21 W. 25th Street, Baltimore.
Carr, M. A. R. F., Cumberland, Md.
Carpenter, Geo. H., Cumberland, Md.
Cathell, D. W., 1308 N. Charles Street, Baltimore.

Cathell, W. T., 1308 N. Charles Street, Baltimore.
Chambers, John W., 18 W. Franklin Street, Baltimore.
Chamberlaine, J. E. M., Easton, Md.
Chapman, Pierson, Perrymans, Md.
Chatard, Ferd. E., 516 Park Avenue, Baltimore.
Chew, Samuel C., 215 W. Lanvale Street, Baltimore.
Chisolm, Frank M., 114 W. Franklin Street, Baltimore.
Chisolm, Julian J., 114 W. Franklin Street, Baltimore.
Christian, J. H., 1801 Madison Avenue. Baltimore.
Chunn, W. P., 1023 Madison Avenue. Baltimore.
Claggett, J. E., 108 S. Eutaw Street, Baltimore.
Clark, Thad. W., 10 W. Hamilton Street, Baltimore.
Clark, W. B., South Baltimore, Md.
Clark, Jos. Clement, Federalsburg, Md.
Clewell, A. A., 1741 Harford Avenue, Baltimore.
Cone, Claribel, 1607 Eutaw Place, Baltimore.
Conrad, John S., St. Denis P. O., Md.
Conradi, L. E,, 1227 Guilford Avenue, Baltimore.
Cook, Carlton, M., 1052 Myrtle Avenue, Baltimore.
Cooke, Theodore, Sr., 910 N. Charles Street, Baltimore.
Cooke, Theodore, Jr., 910 N. Charles Street, Baltimore.
†Cordell, E. F., 2032 Maryland Avenue, Baltimore.
Corse, George F., Gardenville, Md.
Corse, W. D., Gardenville, Md.
Councell, T. A., Easton, Md.
Craighill, Jas. M., 1730 N. Charles Street, Baltimore.
Craigin, W. J., Cumberland, Md.
Crouch, J. F., 1117 Forrest Place, Baltimore.
Crowe, Stephen, Cumberland, Md.
Cullen, Thomas S., Johns Hopkins Hospital, Baltimore.
Dashiell, N. L., 201 N. Broadway, Baltimore.
Dausch, P. G., 1727 E. Baltimore Street, Baltimore.
Davidson, Chas. F., Queenstown, Md.
Davidson, Garland Hamner, 1016 N. Calvert St., Baltimore.
Davis, P. L., 1500 W. Lanvale Street, Baltimore.
Deets, James E., Clarksburg, Md.
DeKrafft, S. Chase, Cambridge, Md.

Dent, Walter B., Oakely, St. Mary's County, Md.
Derr, H. K., Hagerstown, Md.
Dickinson, G. E., Upper Fairmont, Md.
Dickson, I. N., Reisterstown, Md.
Dickson, John, Baltimore.
Dixon, Chas. H., 1530 W. Fayette Street, Baltimore.
Doerner, John A., Cumberland, Md.
Doran, Peter J., 334 E. Lafayette Ave., Baltimore.
Dorsey, Reuben M., Madison Avenue, Baltimore.
Douglas, Éugene, Oxford, Md.
†Downey, Jesse W., New Market, Md.
Dunott, Daniel Z., Union Protestant Infirmary, Baltimore.
Duval, Wirt A., 1809 Edmondson Avenue, Baltimore.
Dwinelle, James E., 1701 E. Baltimore St., Baltimore.
Eareckson, W. R., Elkridge, Md.
Eareckson, Edith, 932 Madison Avenue, Baltimore.
Earle, Samuel T., 1431 Linden Avenue, Baltimore.
Eastman, Louis M., 772 W. Lexington Street, Baltimore.
Eilau, E. W., 1827 Madison Avenue, Baltimore.
Elgin, W, F., Bethsada, Md.
Ellis, Charles M., Elkton, Md.
Ellis, E. Dorsey, 915 Light Street, Baltimore.
Ellis, R. H. P., 1704 Park Avenue, Baltimore.
†Etchison, E. C., Gaithersburg, Md.
Evans, B. D., Morris Plains, New Jersey.
Evans, Sheldon G., Sitka, Alaska.
Fawcett, Robert, 520 Mosher Street, Baltimore.
Fields, Philip S., 642 N. Fulton Avenue, Baltimore.
Fincke, Fred. H., Baltimore.
Finney, J. M. T., 927 N. Charles Street, Baltimore.
Fiske, John D., 11 S. Gay Street, Baltimore.
Fleming, Geo. A., 1018 Madison Avenue, Baltimore.
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APPENDIX.

MEDICAL LIBRARIES; THEIR DEVELOPMENT AND USE,

By JAMES R. CHADWICK, M. D.
Librarian of the Boston Medical Library Association.

AN ADDRESS
TO THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND AT THE FORMAL OPENING OF THE NEW HALL AND LIBRARY, JANUARY 11th, 1896.

WITH A BRIEF ACCOUNT OF THE OCCASION REPRINTED FROM THE MARYLAND MEDICAL JOURNAL OF FEBRUARY 1st, 1896.

MEDICAL LIBRARIES; THEIR DEVELOPMENT AND USE.

READ BEFORE THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND AT THE FORMAL OPENING OF THE NEW HALL AND LIBRARY, JANUARY 11, 1896.

BY JAMES R. CHADWICK, M. D.
Librarian of the Boston Medical Library Association.

In accepting Dr. Osler's invitation to give to you a short address upon the medical library, its development and use, at the inauguration of the new building of the Medical and Chirurgical Faculty of Maryland, I find myself handicapped by lack of time for adequate preparation and an experience which is restricted to one locality, the city of Boston. Still I have had practical knowledge of the building up of a library from a few hundred to twenty-six thousand volumes and twenty-three thousand pamphlets. The lessons learned in the twenty years of labor may not be devoid of interest and value to you.

Soon after a young man graduates from the medical school and assumes the responsibility of the lives and health of his fellow beings, he soon realizes the limitations of his knowledge, and looks about to remove them. He finds two principal means of adding to his meager acquisitions, hospitals and books. Hospitals, including dispensaries, if assiduously frequented, certainly teach him more of immediate practical value than do books. But the knowledge there acquired does not always bear upon the particular case in his private practice which is causing him anxiety, and, moreover, the hospital has the disadvantage

of being available only during certain hours of the day, and of necessitating absence from his field of labor during the hours when he ought to be earning his livelihood.

To the printed words of his masters and colleagues he must consequently turn and where shall he find them? His own few shelves contain the treatises from which he learned the first rudiments of his knowledge, but in our day every one of these is superseded in two or three years by the rapid advance of medical science.

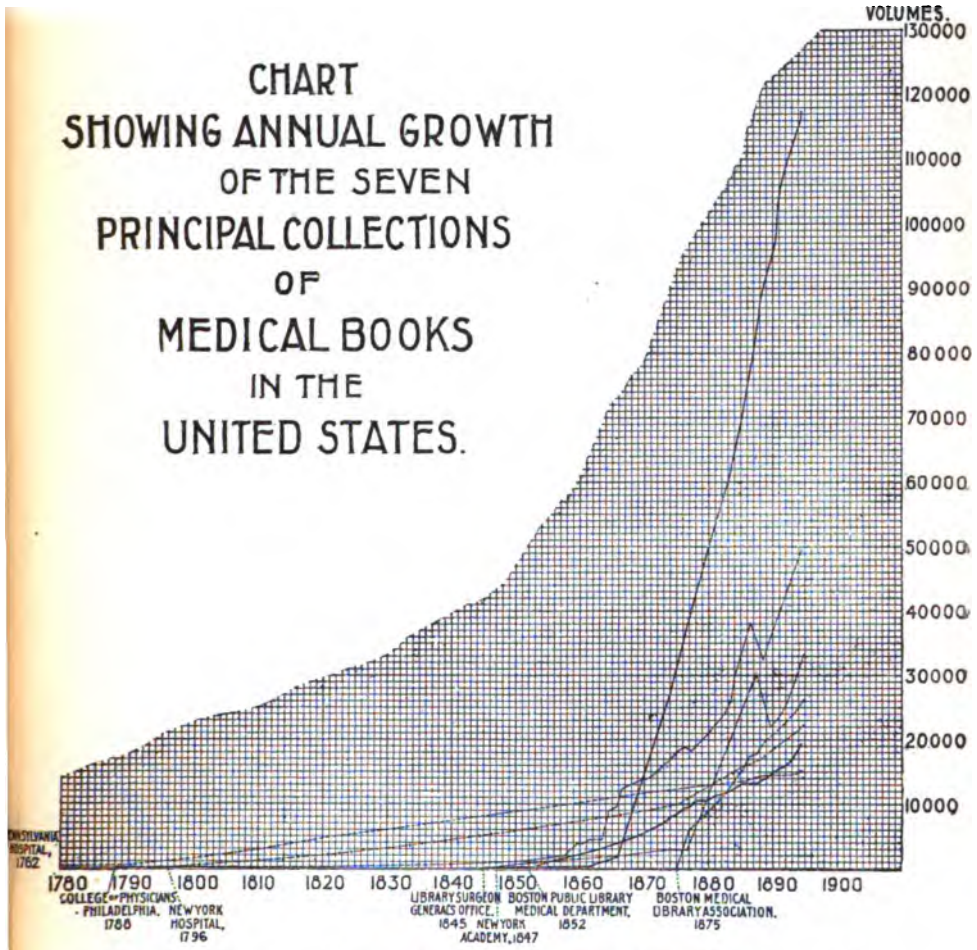
In the early years of practice, few man can afford to buy or even give shelf room to a tenth part of the books that they need; no man, whatever his means, can possibly acquire all. A library is consequently indispensable in every center of population, or the health and lives of the community will be jeopardized by the ignorance of its medical practitioners. Could this fact be realized by the liberal man of means in our midst, self protection, if no higher motive, would stimulate them to endow our medical libraries with as free a hand as they now evince toward hospitals. The benefits conferred upon suffering humanity would be greater, though less manifest to the ordinary man of wealth.

Admitting then, that a medical library for the use of the profession in every community is indispensable, and recognizing that we must not expect many contributions from the public, by what direction of our efforts can we procure it?

I appreciate that you do not need to be told how to make a start, for I well know that in the thirty-third year of your age (1832) you established a library in your Society under the fostering care of Dr. Samuel Baker; that in 1852 the first catalogue was published by Dr. John W. Woods; and that a few years later Dr. George W. Miltenberger raised funds for the increase of the library, with such marked success that you already posses about 10,000

volumes, ranking among the larger medical libraries of the country.

As a stimulus to fresh effort to increase your already large library, I have had this chart constructed showing



the yearly rate of growth of the seven largest collections of medical books in the country. An explanation of the peculiarities of the curves will throw much light on the

various means by which the growth of each library has been effected.

The first library to be founded was that of the Pennsylvania Hospital in 1762; there has been a comparatively steady increase to the present day, no annual enumeration having been made. It now numbers 15,007 volumes. The difficulty of procuring books in the last century and the early decade of this can be appreciated from a printed circular distributed about 1805 to the members of the Second Social or Boston Medical Library in which it is stated that "the books ordered last year from Europe have not yet been received."

The second library in order of seniority is that of the College of Physicians in Philadelphta, which was commenced in 1788. Its curve of growth shows such great fluctuations that a brief study of them will be profitable in making evident the means by which a library is augmented. You will note that the increase was very slow for sixty years, when in 1858, 1265 volumes were received from Dr. Thomas F. Betton. In 1864-65 the library was almost doubled in size, chiefly by the gift of 2500 volumes from Dr. Samuel Lewis, who from that date until his death was a constant contributor to its alcoves, the aggregate of his donations ultimately reaching the grand total of nearly 10,000 volumes. The erection of a fire-proof building in 1864 also contributed to securing many accessions. Between 1882 and 1886 the growth was very rapid owing to the receipt successively of the libraries of Dr. William F. Jenks, Dr. Alfred Stille, Dr. Samuel D. Gross, Dr. I. Minis Hays, Dr. John S. Perry and that of the Obstetrical Society of Philadelphia.

In 1880 to 1882 Dr. S. Weir Mitchell contributed $2000 as a journal fund, and later, when president, aroused by his love of books and his enthusiasm, the greatest interest

in the library, whereby it grew rapidly. The falling off of its curve and that of the New York Academy of Medicine in the eighties merely means that duplicates were thrown out. The College now contains 49,747 volumes, besides 28,384 unbound pamphlets, reports and transactions.

The library of the New York Hospital was founded in 1776, had a steady increase until 1876 when, like all the others, it took on a more rapid growth. It now numbers 22,383 volumes but has practically no pamphlets.

The library of the Surgeon-General's Office in Washington, began in 1845, grew so slowly that in 1865 it contained less than 2000 volumes. Its increase from that date has been so phenomenal that we are warranted in pausing to seek an explanation, which is not, however, hard to find. It was in that year that a young army surgeon, Dr. John S. Billings, who had shown literary tastes and marked executive ability during the war of the rebellion, was detailed to take charge of this insignificant collection of books. He at once conceived the idea of developing this nucleus into a grand national library. By importuning Congress year after year he secured large annual appropriations of money (the annual appropriation for the purchase of books has averaged nearly $7000 from 1867 to 1895 inclusive), and by persistently canvassing, personally and by letters, the profession of every State in the Union he secured large donations of books. Exchanges were effected with other medical libraries not only in this country, but in all parts of the world. From these two sources about one-sixth of the total number was derived. The result of his labors is the most complete medical library in the world, consisting of 116,847 volumes and 191,598 pamphlets.

The influence of this one man's work is not seen in the growth of this library only, but is made manifest by the

impetus given to all existing libraries and to the formation of innumerable new ones, of which my data are still incomplete. The publication of the index-catalogue of this library, the first series of which, in sixteen volumes, was begun in 1879 and completed in 1895, will, when the new series of five or six volumes is issued, be practically an index to all the medical literature of the world up to the end of this century.

Its value to medical scholars is inestimable, superseding, as it does, all the time-wasting labor that used to be expended in bibliographical research. By its aid we obtain a reference to every rare case that has been recorded since printing was discovered in A. D. 1450. But by indexing the articles and reports of cases in every periodical, past and present, obscure or famous, this catalogue has immensly extended the scope of medical research and created a demand for an array of books, and especially of periodicals, that is simply appalling. What is an earnest seeker after knowledge to do when he has, for instance, a case of inflammation of the pancreas and refers to this catalogue for the writings on the subject, when he discovers a reference to a case in the *Medicinische Jahresbericht* von Peter-Pauls Hospital in St. Petersburg, to another in the *Bulletino di scienzia medica di Bologna*, to another in the *Moniteur scientifique*, and to another in the *Zeitschrift für die gesammte Medizin* of Hamburg, and so on *ad infinitum*? He cannot possibly have complete files of these various periodicals upon his own shelves. He must have within reach a library, in which most, if not all, these volumes may be found, or he will fail to learn all that can be learned about this subject and, as a consequence, his patient will suffer from treatment based on half knowledge.

The demand thus created for periodicals of all kinds and countries has done more than anything else to promote the

growth and foundation of public medical libraries throughout our country. This publication is therefore the great factor in determining, during the past fifteen years, the rapid rise of the curves of all the libraries represented upon this chart. The pressure of the demand for an extensive literature thus created will never wane.

The library of the New York Academy of Medicine, inaugurated in 1847, had the same slow growth as all the others until 1876-77, when Dr. S. S. Purple gave to it his large collection of medical periodicals. Its subsequent rapid growth owed much of its impetus to the energy of my old and dear friend, Dr. Fordyce Barker, who, combining the wisdom of age and the enthusiasm of youth, was foremost in securing funds for a new building in 1880, when he was president. In 1890 a new impetus was given to this library by the erection of a superb new fire-proof building. This library is fast becoming worthy of the metropolis of our country. It contains 33,140 volumes and 13,000 pamphlets.

The Medical Department of the Public Library of Boston was founded in 1882 and has grown, by purchase and gifts, at a comparatively uniform rate. It now contains 19,609 volumes.

The Boston Medical Library Association, of which I have been the librarian since its foundation, in 1875, has had a rapid growth from the outset, chiefly because, in its early years, it took into its fold the libraries of several local societies. Its growth has been almost entirely by donations and exchange, having no funds regularly available for the purchase of books.

Its value is greater than its size would indicate for the reason that nearly 16,000 of its 26,000 volumes are periodicals and this class of literature is of most practical value to the medical public. The completeness of our files of

journals and transactions I attribute largely to the existence of the volume which I hold in my hand, my "want-book," wherein, upon the left-hand page, is entered every periodical of which we have any part, while on the opposite page is entered every volume or number needed to complete the file of that particular journal. By invariably carrying this with me upon my travels in this country and Europe, I have been able gradually, at a trifling expenditure of money, to complete the files of all the leading periodicals of the world. I submit this to your special attention if you wish to know how to build up a medical library with practically no funds for the purchase of books. This library now contains 26,082 volumes and 23,595 pamphlets.

I have sought by the analysis of these curves to indicate the principal factors in the growth of a medical library. The lessous to be drawn from this enumeration are that if a valuable collection of books is accumulated, the profession will rally to supply for it a suitable abode, and, as my friend, Oliver Herford, says, "It's a poor bill that will not work both ways," so we find that if a fine building is erected the library will soon be forthcoming. In either and every case some one man must work early and late to secure contributions and especially to make complete the files of periodicals.

I would not be understood as intimating that money is not needed for the building up of a library. As the Chinese say, "With money you can move the gods; without it you cannot move a man." Money and much money is needed for the maintenance of a library. The continuous service of a librarian and perhaps one or two assistants must be paid for. Many hundred volumes must be bound every year. A certain number of periodicals must be secured for your reading-rooms as published and therefore by subscription. The list of

these may be supplemented immensely by securing gratuitously the exchanges of your medical journals, the journals received by your instrument-makers and manufacturing chemists, etc., in return for their advertisements, the journals circulated in journal clubs of medical men after they have gone the rounds. You may also obtain in exchange for transactions the publications of nearly all kindred societies.

Finally, an author, subject and title card catalogue must be kept up to date, no matter what the expense. "Who wants a lock without a key, a ship without a rudder, a binnacle without a compass, a check without a signature, a greenback without a goldback behind it?" (O. W. Holmes.)

Finally, I want to say a word about phamphlets, with regard to which you will have noticed that policies differ widely; the New York hospital keeps no phamphlets, the Surgeon-General's Library has sixty per cent. more phamphlets than books, the Academy of Medicine has only one-third as many pamphlets as books. Some of this discrepancy is doubtless due to different relative classifications of books and pamphlets. In order to secure uniformity, the rule of the Washington Library should be universally followed: to classify as a pamphlet everything that is unbound, up to a hundred pages, and everything that contains less than thirty pages, even though bound; to classify as a book everything above thirty pages, if bound, and everything above one hundred pages, even though unbound. This is purely arbitrary and may not be invariably followed, but it is as fair a classification as can be devised. No accurate comparison of the size of the different libraries can be made if, as in my knowledge has happened, one library counts everything above thirty pages as a book, whether bound or unbound. It may thus

surreptitiously add many thousand volumes, so-called, to its aggregate of books and take thereby an illegitimate rank among the libraries.

Pamphlets should be carefully kept and catalogued in one library in every city. They include most of the graduating theses, which are often compilations of inestimable value; they often contain the results of extensive laboratory experiments; they contain much local history, reports of special committees who have investigated water supply, drainage, epidemics, quarantine, etc. Even reprints of journal articles are of use, even though the library has the file of the journal in which they appear, because they may circulate for home reading when the journal may not be allowed to leave the building.

Classify your library by subjects, making the subdivisions more numerous from time to time, as the books accumulate. Do not agree to keep a man's library, if on various subjects, together as a unit, if you can help it, for you thereby break in upon your regular system of classification and make the library harder to administer and less available to the readers, besides storing many duplicates uselessly.

As to the use of the books, make it as free as is consistent with their safety. Where the users of a library are all members of an association and consequently known personally to the custodian, it is generally deemed safe to allow them free access to the shelves. All books that can be readily replaced may circulate for home reading, but not periodicals, for the loss of one volume of these depreciates the value of the whole series.

It is useful to make duplicate files, as occasion presents, of the leading periodicals for home reading. Beyond this be liberal in the disposal of duplicates; there is no market for medical books, so you may as well bank on the future

by giving freely of your duplicates to other kindred institutions on open exchange account, which is never meant to be balanced. You thereby establish a claim upon such institution for any favor it may be in position to do you in the future.

But I find that I am dropping into technical details that can have no interest for any one but your librarian and committee on the library.

In conclusion, I want to parry the charge of having too prosaic a view of a medical library, of seeing only the utilitarian side of it. To the deep student, to the true lover of books, nothing that I can say will add or detract from his appreciation. Remember what Confucius says, "Learning without thought is labor lost; thought without learning is perilous.

THE FACULTY'S HOUSE WARMING.

Reprinted from the Maryland Medical Journal February 1, 1896.

The formal opening of the new library and hall of the Medical and Chirurgical Faculty of Maryland last Saturday night marks another epoch in the life of the venerable institution.

After most zealous and generous efforts on the part of the trustees, the committee in charge and many liberal friends and members of the Faculty, the trustees were enabled to open last Saturday night the new hall and building which now belongs to the State Society, and is a permanent home for the library and will be in a measure a medical club for the profession of Baltimore and Maryland. The exercises last Saturday night were most carefully carried out and were a source of congratulation for the members.

Through the liberality of Dr. William Osler the whole building was handsomely decorated with potted plants, palms and running vines and over the rostrum was the American flag. The exercises opened with remarks by the President of the Faculty, Dr. Charles G. Hill, then followed remarks by Dr. L. McLane Taffany, president of the board of trustees, and then a statement by Dr. Thomas A. Ashby, treasurer of the board of trustees.

After this the orator of the evening, Dr. James R. Chadwick of the Boston Library Association, who came on especially for the occasion, delivered his address on "Medical Libraries." This address together with full details of the meeting will be published in a later issue of the JOURNAL, but it should be noted here that that the inspiring word, of Dr. Chadwick, who showed the difficulties of establishing medical libraries and how these difficulties could be overcome, and what is more, his initiatory offer to contribute to the Faculty's Fuud provided others present would follow his example, aroused such enthusiasm, that in a few minutes between three and four thousand dollars had been subscribed.

Later, Surgeon-General George M. Sternberg and Dr. Robert Fletcher of the United States Army made addresses, and, in the absence of Dr. John S. Billings, Dr. Osler made a few pertinent remarks. The evening closed with a most sumptuous collation, to which the large number present did ample justice.

The idea suggested in the last issue that each local society should contribute books to the shelves of the library was also approved. The interest which was so thoroughly aroused last week in the Faculty and its library should not be allowed to subside. The attractive quarters will be the means of bringing in new members; and the library, which contains a large journal list and books, old and new, will

afford additional field for the readers and those interested in research.

Articles have been promised for this JOURNAL on the old and valuable books in the library, and one member of the Faculty is about to publish a catalogue of all the medical books in Baltimore in public and private libraries.

It might be fitting to bestow especial praise on one or two men in the Faculty who for years have worked unselfishly for the promotion of the society, but each one knows just what part he has contributed and feels fully repaid at the results exhibited last Saturday night. This interest must be kept up; members should use the library and the nurses' directory.

Members of the profession not members of the Faculty are invited to look over the building at any time. The library is open from 10 A. M. to 8 P. M.; the nurses' directory about the same hours. The work begun last week should be kept up and each member of the Faculty should feel a personal interest in its welfare and should work for its prosperity.

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TRANSACTIONS

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OF THE

STATE OF MARYLAND.

NINETY-NINTH ANNUAL SESSION

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ALSO

SEMI-ANNUAL SESSION, HELD AT HAGERSTOWN, MD.

November, 1896.

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BALTIMORE, MD.

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1st. Write on one side of the paper only.

2nd. Write without breaks, *i. e.*, do not begin a new sentence on a new line; when you want to begin a new paragraph, begin in the middle of the line.

3rd. Draw a line along the margin of such paragraphs as should be printed in smaller type—for instance, all that is clinical history in reports of cases, or that which is quoted, etc.

4th. Words to be printed in *italics* should be underscored once; in SMALL CAPITALS twice; in LARGE CAPITALS three times.

5th. Proofs sent for revision should be returned without delay; authors who contemplate a temporary absence from their regular residence any time during the summer, should notify the Recording Secretary, thus avoiding vexatious delays in the delivery of proof.

6th. Alterations in manuscript should be limited to what is of essential importance, they are equivalent to resetting, and cause additional expense; such changes, if they exceed half a page of printed matter, as also all wood cuts, photographs and electrotypes, are invariably to be paid for by authors.

MEMBERSHIP. Applications for membership in the Medical and Chirurgical Faculty should be addressed to the Recording Secretary, Corresponding Secretary, Treasurer, or Chairman of the Examining Board, and should state name in full, post office address, where graduated in medicine, date of graduation, date of certificate of State Licensing Board, and by whom recommended. They must be accompanied by the *initiation fee* of five dollars: no membership dues are required for the first current year: a copy of the annual TRANSACTIONS is mailed gratuitously to each member. *Blank applications* for membership will be mailed to any address on application to the Recording Secretary or Treasurer.

SEMI-ANNUAL MEETING.

HAGERSTOWN, MD., Nov. 10th, 1896.

The Semi-annual Meeting of the Medical and Chirurgical Faculty of Maryland was called to order at 2.30 P. M. by the President, Dr. William Osler.

Dr. H. O. Reik was appointed Secretary *pro tem.* Seventy-seven physicians were present. The Faculty was welcomed to Hagerstown by Dr. J. W. Humrichouse by an address, which was responded to by Dr. William Osler on behalf of the Faculty. The regular programme was then presented and the following papers read:

"Continued Fevers," Dr. Clotworthy Birnie. Discussed by Drs. J. C. Hemmeter, William Osler, Ellis, Mason and George J. Preston.

"Concerning the Nature and Treatment of Gastric Acidity," Dr. J. C. Hemmeter.

"Cerebral Syphilis," Dr. George J. Preston. Discussed by Dr. Brush.

"Malaria Complicating Gynæcological Operations," Dr. J. Whitridge Williams. No discussion.

"Value of the Cystoscope in the Diagnosis and Treatment of Diseases of the Female Bladder," Dr. J. M. Hundley. Discussed by Dr. Wentz.

"To What Extent Does the Hypertrophied Pharyngeal Tonsil Atrophy at or about Puberty," Dr. S. K. Merrick. Discussed by Dr. Mackenzie.

"The Early Symptoms of Paresis," Dr. George H. Rohe. No discussion.

The meeting then adjourned.

EVENING SESSION.

The meeting was called to order at 7.45 P. M.

The following papers were read:

"A Case of Diffuse Scleroderma, with Exhibition of Patient," Dr. William Osler.

"Pathology and Bacteriology of Typhoid Fever," Dr. Simon Flexner. Discussed by Dr. William Osler and Dr. Fulton.

"Modern Methods of Examining Urinary Sediment," Dr. W. B. Canfield. No discussion.

"Use of the X Rays," Dr. J. M. T. Finney.

Exhibition of the Edison Fluoroscope by Messrs. Smiles and Arnold.

Meeting then adjourned.

WEDNESDAY, Nov. 11th, 1896.

Meeting was called to order by the President at 10.35 A. M.

The following papers were read:

"The Various Operations for the Removal of the Tongue and Adjacent Areas Affected with Cancer," Dr. Frank Martin. Discussed by Dr. Finney.

"Some of the Results of Bacteriological Research," Dr. J.W.Humrichouse. Discussed by Dr. Unger and Dr. Osler.

"A Case of Gastrostomy for Oesophageal Obstruction," Dr. Randolph Winslow. No discussion.

"The Present Status of the Treatment of Tuberculosis," Dr. Joseph E. Gichner. No discussion.

"The Practical Use of Skiascopy," Dr. H. O. Reik. No discussion.

Dr. Bishop presented a patient to the society and asked the surgeons to give an opinion upon the case. Dr. Randolph Winslow and Dr. Finney agreed that it was a fibroid tumor.

Exhibition of patient by Dr. Finney.

Dr. George H. Rohe introduced the following resolution, which was seconded by Dr. E. N. Brush and adopted by the vote of the society:

Resolved, That a committee of one from each senatorial district of the State, with the President of the Faculty as Chairman, be appointed to act in conjunction with the committee of the Baltimore Neurological Society charged with the duty of suggesting certain amendments to the laws governing commitments of the insane to hospitals and asylums, and other matters connected with the relations of the State to the insane.

Dr. E. N. Brush then offered the following resolution of thanks, which was seconded by Dr. C. Birnie and adopted by the vote of the society:

Resolved, That the thanks of the Medical and Chirurgical Faculty of Maryland, in semi-annual session assembled, are hereby most heartily tendered to the Washington County Medical Society and the members of the profession of Hagerstown and vicinity for the cordial welcome extended and the bountiful entertainment provided for the Faculty; to the very efficient local committee of arrangements for the many and unusual courtesies extended to visiting members; to the Board of County Commissioners of Washington County; to the Honorable Edward Stake, Judge of the Circuit Court, for the use of the Court House as a place of meeting; to the Editors of the Hagerstown *Mail* and *Evening Globe* and *Morning Herald* for the comprehensive report of the proceedings; to the Board of Governors of Conochocheague Club; to the Western Maryland Railroad Company; to the Proprietors of the Hotel Hamilton and the Baldwin House, and to the Citizens of Hagerstown in general, for the numerous acts of kindly hospitality and courtesy extended to the members of the Faculty.

JOHN S. FULTON,
Recording Secretary.

MINUTES OF THE ANNUAL SESSION.

HALL OF THE FACULTY,
DAY SESSION, TUESDAY, April 27th, 1897.

The Faculty was called to order at 12.15 by the President, Dr. William Osler.

The minutes of the semi-annual meeting at Hagerstown were read and approved.

Dr. S. T. Earle, Chairman of the Board of Examiners, reported favorably upon the applications for membership, the following names:

John R. Abercrombie, William H. Baltzell, H. R. Barton, Charles C. Bombaugh, H. S. Bowie, James H. Billingslea, Jefferies Buck, John A. Buffington, C. J. Carroll, Thomas M. Chaney, John Davis, S. Seibert Davis, George W. Dobbin, Clarence E. Downs, William R. Dunton, Thomas H. Emory, Louise Erich, Charles M. Franklin, Enoch George, E. E. Gibbons, Harry Gross, Norman B. Gwyn, Edgar A. P. Jones, E. C. Kefauver, William Kroh, Charles W. Larned, Jesse W. Lazear, Thomas McCrae, William J. Messick, James J. Mills, Henry Page, Stewart Paton, Otto Gustaf Ramsay, M. V. Reichard, Edward M. Singewald, F. M. Slemons, Henry Lee Smith, James E. Stokes, William R. Stokes, Alexander Tinsley, Charles W. Vogel, E. A. Wareham, Benjamin Whiteley, James Albert Zepp.

Dr. William Osler then read the presidential address upon "The Functions of the State Faculty." The address was on motion referred to the Publication Committee.

Dr. Edward N. Brush read his paper on the "Conditions of the Dependent Insane in Maryland and Suggestions concerning their Better Care." Dr. Henry M. Hurd read his paper on "State Supervision of the Care of the Insane and the Inspection and Regulation of Institutions." Dr. William Lee read his paper on "History of the Steps taken for the Amelioration of the Condition of the Insane by the Lunacy Commission since its Organization." George H. Rohe read his paper on "Economics of State Care."

The above papers were discussed by Drs. George J. Preston, Charles G. Hill, Joseph C. Clark, I. E. Atkinson, Mary Sherwood, L. G. Smart, William Lee, Edward N. Brush and William Osler.

Dr. Samuel J. Fort read his paper on "A Case of Habit Spasm." Dr. A. L. Hodgdon read his paper on "Alcoholic Insanity and Excess; with a Reference to the Opium Habit." Discussion by Dr. Charles G. Hill.

On motion, Faculty adjourned.

JOHN S. FULTON,
Recording Secretary.

TUESDAY EVENING, April 27th, 1897.

The Faculty was called to order at 8.15 o'clock by the President, Dr. William Osler.

The minutes of the morning session were read and adopted.

The subject of "Peritonitis," the order of the evening, was opened by Dr. Simon Flexner, who spoke upon the Pathology and Aetiology.

Dr. Samuel Chew followed with a consideration of the "Diagnosis of Peritonitis."

The Medical Treatment was discussed by Dr. Charles M. Ellis, and the Surgical Treatment by Dr. Randolph Winslow.

Dr. J. M. T. Finney read a paper on "Five Cases of Suppurative Peritonitis; Laparotomy by a New Method; Recovery. Preliminary Report of Observations on the Effects of this Method in the Peritonitis of Dogs." The subject was discussed by Drs. Thomas S. Latimer, A. K. Bond, L. McLane Tiffany, John R. Uhler, Joseph T. Smith.

Dr. S. T. Earle, of the Examining Board, reported favorably upon the following candidates for membership:

H. C. Algire, Louis C. Carrico, S. Griffith Davis, N. E. B. Iglehart, Edward V. Milholland, C. Urban Smith, Algernon G. Smith, M. Millard Stirling.

On motion, Faculty adjourned.

JOHN S. FULTON,
Recording Secretary.

DAY SESSION, WEDNESDAY, April 28th, 1897.

The Faculty was called to order at 12 M. by the President, Dr. William Osler.

The minutes of last evening's session were read and approved.

The following were elected to membership:

John R. Abercrombie, William H. Baltzell, H. R. Barton, Charles C. Bombaugh, H. S. Bowie, James H. Billingslea, Jefferies Buck, John A. Buffington, C. J. Carroll, Thomas M. Chaney, John Davis, S. Seibert Davis, George W. Dobbin, W. R. Dunton, Thomas H. Emory, Louise Erich, Enoch George, E. E. Gibbons, Harry Gross, Norman B. Gwyn, Edgar A. P. Jones, E. C. Kefauver, William Kroh, Charles W. Larned, Jesse W. Lazear, Charles

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The discussion of "Rabies" was opened by Dr. John Ruhrah, who spoke upon the Preventive Treatment.

Dr. William H. Welch followed on the "Efficiency of the Treatment," and Dr. N. G. Keirle on "Its Technique."

Dr. J. B. R. Purnell reported a case which happened in his practice. Discussed by Drs. C. Birnie, John Morris, W. F. A. Kemp, R. H. Goldsmith, R. B. Norment.

Dr. Henry Barton Jacobs read a paper on a "Case of Early Spinal Syphilis with Brown-Sequard Paralysis."

Dr. J. W. Humrichouse read a paper on "Eight Consecutive Cases of Laryngeal Diphtheria successfully treated by Intubation and with Antitoxin." The subject was discussed by Drs. S. K. Merrick, Thomas S. Latimer, Joseph E. Gichner, William R. Stokes, Herbert Harlan and W. T. Watson.

Dr. W. T. Watson read a paper on "Illustrations of the Value of Bacteriology in preventing the Spread of Diphtheria."

Dr. W. R. Stokes read a paper on "The Microscopical Examination of Milk."

Dr. J. C. Hemmeter read a paper on "Food Adulterations."

Dr. Charles C. Donovan presented his paper on "The Treatment of Gastric Ulcers after Hemorrhage."

Dr. Samuel Theobald read a paper on "The Report of 100 Consecutive Cases of Cataract Extraction." The subject was discussed by Drs. Hiram Woods, Herbert

Harlan, Robert L. Randolph, E. J. Bernstein and J. W. Funck.

The following were elected to membership:

Harry Cairnes Algire, Louis C. Carrico, S. Griffith Davis, N. E. B. Iglehart, Edward V. Milholland, C. Urban Smith, Algernon G. Smith, M. Millard Stirling.

The papers of Drs. H. Friedenwald, Robert L. Randolph, H. O. Reik and E. J. Bernstein were appointed to be read Thursday morning.

On motion, Faculty adjourned.

ROBERT T. WILSON,
Assistant Recording Secretary.

WEDNESDAY EVENING, April 28th, 1897.

The Faculty was called to order by the President, Dr. William Osler.

The minutes of the morning session were read and approved.

The Corresponding Secretary, Dr. W. Guy Townsend, read his report, which was accepted and referred to the Publication Committee.

Dr. John S. Fulton read the joint report of the Recording Secretary and Publication Committee. Accepted and referred.

Report of the Treasurer, Dr. W. F. A. Kemp, was read, adopted and referred.

Dr. L. McLane Tiffany, Chairman of the Executive Committee, read their report, which was accepted and referred.

Dr. George J. Preston read the report of the Library Committee, which was accepted and referred.

The Book and Journal Club reported through Dr. Harry Friedenwald, its Secretary and Treasurer.

The thanks of the Faculty were voted to the Book and Journal Club for what they had done for the Library.

No reports were offered by the Memoir Committee, or Committee on Ethics.

Dr. William Lee read the report of the Committee on Legislation. Accepted and referred.

The report of the Curator, Dr. A. Kerr Bond, was read, accepted and referred.

State Licensing Board reported last year, April, 1896; did not have to report this year. It reports every two years.

Dr. J. Mason Hundley read the report of the Committee on Membership. Accepted and referred.

Dr. Hiram Woods reported for Programme Committee. Accepted and referred.

The Committee on Preventable Blindness reported through its Chairman, Dr. Herbert Harlan. Accepted and referred.

Dr. R. Tunstall Taylor's report of Committee on Milk Laboratory was read, accepted and the committee discharged.

Dr. Edward Schaefer reported for the Committee on General Sanitation. Accepted and referred.

Dr. L. McLane Tiffany read the report of the Board of Trustees, which was accepted and referred.

Dr. T. A. Ashby, Treasurer of the Trustees, read his report, which was accepted and referred.

The following By-Laws were read and adopted:

(1) The Treasurer shall pay the vouchers of the Library Committee to the extent of the annual appropriation made by the Faculty to the Committee.

(2) The Treasurer shall post at the annual meetings and in the Faculty Hall the names of all members whose dues

are in arrears for one or more years. Such members to be ineligible to hold office, or to serve as delegates, or on committees.

Dr. Hiram Woods introduced the following resolution:

Resolved, That the Committee on Legislation be instructed to secure such legislation as will exclude from the examinations of the Licensing Board any one graduating in or after 1899, who has not taken a course of four years instruction in some reputable medical college.

Dr. L. McLane Tiffany moved that a committee of five be appointed by the President, Dr. William Osler, to be called the "Finance Committee," whose duty it shall be to raise and care for funds for the liquidation of the present debt of the Faculty, and also for obtaining an endowment fund for the Faculty. Carried.

Dr. T. A. Ashby moved that the President appoint a committee of five, the President as Chairman, which shall be known as the "Centennial Committee." The duties of the committee shall be to arrange for the celebration of the centennial anniversary of the Faculty. Carried.

Dr. G. Lane Taneyhill moved that a committee of five be appointed with a view to arranging the several amendments and modifications of the Constitution and By-Laws under their proper Articles and Sections, eliding those rescinded by subsequent amendments, and present the same at a future meeting. Lost.

The following amendment was offered by Dr. Edward N. Brush:

Resolved, That the Executive Committee and Trustees combined be directed to report at the semi-annual meeting of this Faculty an amended "Constitution and By-Laws," arranging a codification thereof and eliminating obsolete and useless material, and at the same time retaining its historical value.

Carried.

Dr. Walter B. Platt introduced the following resolution:

Resolved, That the Medical and Chirurgical Faculty of Maryland urge all Practitioners of Surgery, Obstetrics and Dentistry to sterilize all metal instruments used by them by boiling for three minutes in a 1 per cent. solution of carbonate of sodium after their use in any case, and to request the Faculties of all Schools of Medicine and Dentistry in this State to call the attention of their students to the importance of such sterilization.

Carried.

Dr. George H. Rohe was re-elected a member of the Board of Trustees.

Dr. G. Lane Taneyhill moved that the recommendations in the report of the Library Committee in regard to the "Directory for Nurses" be referred to the Library Committee with power to act. Carried.

Dr. John D. Blake moved that the Committee on Legislation take early steps to secure some legislation regulating the practice of midwifery in Maryland. Carried.

The election of officers resulted as follows:

President, Charles M. Ellis; Vice-Presidents, W. F. A. Kemp, George J. Preston; Recording Secretary, J. Williams Lord; Assistant Secretary, Robert T. Wilson; Corresponding Secretary, W. Guy Townsend; Reporting Secretary, H. O. Reik; Treasurer, Thomas A. Ashby; Executive Committee, William Osler, William H. Welch, L. McLane Tiffany, Robert W. Johnson; Examining Board for Western Shore, John Neff, Delano Ames, Aaron Friedenwald, J. Tyler Smith, Charles H. Jones, R. B. Norment, M. B. Billingslea; Examining Board for Eastern Shore, James A. Stevens, J. B. R. Purnell, J. M. H. Bateman, B. W. Goldsborough, W. Frank Hines.

On motion, the Faculty adjourned.

JOHN S. FULTON,
Recording Secretary.

DAY SESSION, THURSDAY, APRIL 29TH, 1897.

Faculty called to order at noon by Dr. William Osler, President.

The programme was taken up with the paper of Dr. Harry Friedenwald on "The Early History of Ophthalmology and Otology in Baltimore."

Dr. Robert L. Randolph exhibited some Water Colors showing Pathological Conditions of the Eye Ground.

Dr. H. O. Reik gave an Exhibition of Eye Specimens.

Dr. Edward J. Bernstein read a paper on the "Prevention and Treatment of Ophthalmia Neonatorum." Discussed by Dr. Wilmer Brinton and Dr. John S. Fulton.

The resignation of Dr. A. D. Mansfield was accepted.

Dr. R. Percy Smith read a paper on "Fracture and Dislocation of the Vertebral Column, with other Severe Injuries; Recovery." Exhibition of Patient. Discussed by Dr. J. D. Blake and Dr. J. H. Branham.

Dr. J. Ernest Stokes read a paper on "Two Cases of Anti-Operative Asphyxia." Discussed by Dr. L. McLane Tiffany.

Dr. Frank Martin read a paper on "Treatment of Joint Tuberculosis with Iodoform Emulsion." Report of cured cases.

Dr. Robert W. Johnson read a paper on the "Report of Two Cases of Gastrotomy and One of Gastro-Enterostomy," and exhibited the patient. Discussed by Drs. J. C. Hemmeter, Randolph Winslow and J. H. Branham.

Dr. Hiram Woods, Jr., read a paper on "Three Cases of Suppurative Otitis Media with Symptoms of Sepsis and Intra-Cranial Disease; Recovery after Mastoid Operation and Removal of Polypi." Discussed by Drs. O. H. Reik and A. L. Hodgdon.

Dr. R. Tunstall Taylor read a paper on the "Plaster Jacket versus Steel Back Brace in the Treatment of Pott's Disease," and exhibited five patients.

The following were elected to membership:

John S. Bishop, Charles Emil Brack, Robert Hamilton Campbell, Martin J. Cromwell, Arthur Hawkins, William Andrew Jackson, Jr., Stephen H. King, R. C. Massenberg, Fred. R. Malone, Charles E. Simon, J. Tyler Smith, H. Burton Stevenson, Charles Tilghman.

On motion, the Faculty adjourned.

JOHN S. FULTON,
Recording Secretary.

THURSDAY EVENING, April 29th, 1897.

The Faculty was called to order at 8.15 P. M. by Dr. William Osler, President, who introduced the orator of the evening, Dr. David W. Cheever, Emeritus Professor of Surgery at Harvard University, who delivered an interesting and scholarly address on "Does Medicine Advance?" which was answered in the affirmative.

Dr. Robert W. Johnson moved a vote of thanks to Dr. David W. Cheever and requested a copy of the address for publication in the Transactions. Carried.

The Faculty then adjourned for the banquet.

ROBERT T. WILSON,
Assistant Recording Secretary.

FRIDAY, April 30th, 1897.

The Faculty was called to order by the President, Dr. William Osler.

The minutes of Wednesday and Thursday were read and adopted.

The following were elected to membership:

Fred. J. Cameron, Alan W. Smith.

The President announced that he had received a letter from Dr. A. K. Bond asking to be relieved of the office of Curator. His resignation was accepted.

Dr. J. Whitridge Williams exhibited "Models of the Original Chamberlen Midwifery Forceps."

Dr. J. H. Branham read his paper on "A Case of Complete Hysterectomy for Rupture of the Uterus and Vagina during Confinement."

Dr. George W. Dobbin read his paper on "The Frequency of Contracted Pelves in the Obstetrical Service of the Johns Hopkins Hospital." These papers were discussed by Drs. Wilmer Brinton, L. Neale and J. W. Williams.

Dr. T. C. Gilchrist read his paper on "The Common Contagious Diseases of the Skin as met with in School Children, and how to Prevent them." He exhibited some cases of cutaneous diseases. Discussed by Drs. J. H. Mitnick, E. N. Brush, L. G. Smart, William Osler and John D. Blake.

Dr. H. H. Biedler read his paper on "A Case of Caries of the Skull."

Dr. J. B. R. Purnell read his paper on "Some Diseases of Worcester and other Counties; their Aetiology and Low Mortality Rate." Discussed by Drs. William Osler and E. M. Schaefer.

Dr. Joseph E. Gichner read his paper on "The Spread of Tuberculosis among the Russian Jews of the City and its Prevention." Discussed by Drs. William B. Canfield, Edward M. Schaefer, W. Brinton, J. H. Mitnick, J. D. Blake and Joseph T. Smith.

Dr. W. Guy Townsend read a paper on "Rupture of the Aorta." Discussed by Dr. Delano Ames and Dr. William Osler.

Dr. Cathell read a paper on "A Reliable and Harmless Way to Diminish and Cure Over-Fatness."

Dr. Frank D. Sanger read a paper on "The Uric Acid Diathesis in Children."

Dr. G. Lane Taneyhill moved the following:

WHEREAS, The outgoing Executive Committee, whose duty by the Constitution is to pass upon the accounts of the Treasurer, has not had time to perform that important work;

Resolved, That they be instructed to audit said accounts within ten days after adjournment of the session and report to the Assistant Recording Secretary, that the proper entry may be made on the minutes of the Executive Committee.

Carried.

Dr. William Green moved that the following be made Honorary Members of the Faculty:

Dr. James R. Chadwick, Dr. J. Solis Cohen and Dr. David W. Cheever.

Carried.

Dr. John S. Fulton moved a vote of thanks be given Dr. C. C. Bombaugh for the pictures he so kindly presented to the Faculty; also to Dr. A. B. Arnold for his photograph to be placed in the Faculty's collection.

Carried.

Dr. A. K. Bond was elected Curator.

Dr. Harry Friedenwald moved a hearty vote of thanks be extended to our outgoing officers, especially to Dr. William Osler, our President, and further to Dr. W. F. A. Kemp, who has for fourteen years served the Faculty with the greatest fidelity and whose services we all thoroughly appreciate. Carried.

The President announced his appointments for the year 1897–98 on the special committees of: *Finance:* Dr. Thomas A. Ashby, Dr. H. A. Kelly, Dr. L. McLane Tiffany, Dr. Wilmer Brinton, Dr. William Whitridge. *Centennial Celebration:* Dr. William T. Howard, Dr. Thomas S. Latimer, Dr. Thomas A. Ashby, Dr. John I. Pennington, Dr. G. Lane Taneyhill; and also on other committees, and delegates to the different State and National Associations.

The hour for adjournment having arrived, the President, Dr. William Osler, declared the Faculty adjourned *sine die.*

JOHN S. FULTON,
Recording Secretary.

PRESIDENT'S ADDRESS.

THE FUNCTIONS OF A STATE FACULTY.

By Wm. Osler, M. D.

It would be interesting to know the reasons which induced the incorporators in 1798 to call this organization a Faculty, an unusual yet at the same time a most appropriate designation. So far as I know, there is in English speaking lands only one other society which bears this name, the Faculty of Physicians and Surgeons of Glasgow. Time out of mind the term has been applied to the body of practitioners at large. At present its use is confined almost exclusively to indicate a body of men concerned in teaching. The Glasgow society to which I refer is a licensing body, while its use in our own body illustrates the older and more general meaning of the term.

Originally the Medical and Chirurgical Faculty had a dual function, in the language of the act of incorporation, "for the promoting and disseminating medical and surgical knowledge throughout the State," and "to prevent citizens from risking their lives in the hands of ignorant practitioners or pretenders to the healing art." In transferring the licensing function to a separate board, this Faculty has followed the good example of other States, but while we now exercise no direct authority in this matter, it is essential that our relations with the Board should be of a most intimate character. The change has been in every way a gain, since in an independent body of medical examiners chosen from the profession at large, our interests

and the welfare of the public are infinitely safer than in the hands of tender medical school professors, or of mere registering boards of the respective shores of this State, the duty of which consisted in a hasty inspection of more hastily conferred diplomas. The report which will be made from the State Board will speak of certain matters requiring early settlement, more particularly our protection and the protection of the public against unlicensed practitioners. It is most important that we render the Board willing and loyal support in its efforts, and in every way assist it in promoting any legislation which may make it more representative, and which will promote increased stringency in the examination.

The promotion and dissemination of medical knowledge throughout the State remains our important function. Physicians as a rule have less appreciation of the value of organization than the members of other professions. In large cities weakness results from the breaking into cliques and coteries, the interests of which take precedence over others of wider and more public character. Jealousies and misunderstandings are not unknown, and there is a baneful individualism—every man for himself—a centrifugalizing influence against which this Faculty is and has been the only enduring protest.

No class of men needs friction so much as physicians; no class gets less. The daily round of a busy practitioner tends to develop an egoism of a most intense kind, to which there is no antidote. The few set-backs are forgotten, the mistakes are often buried, and ten years of successful work tend to make a man touchy, dogmatic, intolerant of correction, and abominably self-centred. To this mental attitude the medical society is the best corrective, and a man misses a good part of his education who does not get knocked about a bit by his colleagues in discussions and criticisms. The programme in your hands is evidence that the Faculty is fulfilling its function in promoting and disseminating medical and chirurgical knowledge throughout the State.

I would call your attention to the thoroughly representative character of the subjects for discussion in their different

bearings: Peritonitis, upon which we all need information; Rabies, which has been brought in such a painful manner to the attention of the public; and the Care of the Dependent Insane in this State, on which last subject the Faculty should speak in no uncertain tones. It is pleasant to be able to announce the great success of our last semi-annual meeting. Not only was the attendance large, but the papers were most practical, and the educational aspects of certain subjects were carefully presented. In enthusiasm and hospitality the members of the Washington County Medical Society have set the pace for other sections of the State.

These are days of unification and consolidation, and the question has been raised by several members whether the usefulness of the Faculty would not be enormously increased by uniting as sections of the Faculty the various medical societies at present in existence in the city, organizing them as Medical, Surgical, Obstetrical and Gynaecological, Neurological, and possibly Ophthalmological and Otological sections. It would add strength to the Faculty and dignity to the various sections. It would make the State organization comparable with the Academy of Medicine in New York and the College of Physicians in Philadelphia. The county members could often participate in the monthly or fortnightly meetings of the different sections, and in that way maintain a more close relationship with the Faculty than is at present possible. The financial aspect could be, I think, readily arranged, but into details it is not necessary here to enter, and I mention the subject only that it may ferment in your minds.

Not only does this Faculty weld into one homogeneous mass the diverse, even discordant, elements which necessarily make up the profession, but through it we possess an organic connection with "the great and good who are gone." Through it, and through it alone, are knit together the generations of physicians who have here labored and striven, and then passed to their rest. Of the altruistic instincts veneration is not the most highly developed at the present day; but I hold strongly with the statement

that it is the sign of a dry age when the great men of the past are held in light esteem. I would like to read you a short paragraph describing the men who made this Faculty in its early days. It is from the memorial address of Dr. Wilmott Hall at the meeting in 1811.

"To classical erudition the most liberal and profound, they united the stores of medical learning with which the ancients or moderns had enriched the science of physick, or of which the schools of America or Europe could boast. In the academies consecrated to literature or medicine, either at home or abroad, they had given convincing evidences of their research, industry and talents; while they bore honorable testimony that the intellectual claims of their native State were inferior to no portion of the old or the new world. As physicians they enjoyed that respect and confidence which is the pleasing and voluntary tribute of intelligence to virtue and worth, which the successful application of the principles of our science so generally receives from the discerning and grateful. As men, they were governed in their intercourse with society by all those refined and enlightened sentiments which generally arise from the study of the sciences and liberal arts; from expanded and comprehensive views of the sublime laws and order of nature, and from a just sense of those moral obligations which bind man to his fellow-man."

As these walls show, our predecessors have done something to keep active a function of this Faculty which is of the greatest moment, viz., the preservation in its archives, on its shelves, and on its walls the memorials of the days that are no more, and of the men who served faithfully the profession of their choice. We owe them much, and a heavy debt remains unpaid. Handsome portraits of Upton Scott, the first President, and of his successors should grace these walls; the list of incorporators, 'tis a long one, from Gustavus Brown, of St. Mary's County, to George Lynn, of Alleghany County, should live in brass in our hall. Then the men who made strong impress in their day should receive recognition at our hands, and it should be an act of filial piety year by year to add a portrait, a bust or a tablet. Wiesenthal and Buchanan, Potter and Davidge,

Godman and Jamieson, Chew and Power, are names which in honoring we should ourselves be honored. And there are notable men, transient teachers here, who have passed on to other fields; the learned Dunglison, the scholarly Gibson, the erratic Pattison and the philosophical Bartlett have strong claims upon us, and many others of whom time fails me to tell. Are their memorials not written in Quinan's Annals and in Cordell's History? Would that the Faculty had been as faithful in its trust of this heritage as have these two devoted students of the Medical History of this city!

Unlike other State organizations, this Faculty has in its library an important educational function. It was a singularly judicious action on the part of the men who controlled this institution (in the thirties), to begin a collection of books. They knew the true gauge of a profession's standing, not the number of its schools, not the length of the roll of students, not the material wealth of the physicians; these are as dross and slag, chaff and dust, in estimating the true worth of a profession. Books are tools, doctors are craftsmen, and so truly as one can measure the development of any particular handicraft by the variety and complexity of its tools, so we have no better means of judging the intelligence of a profession than by its general collection of books. A physician who does not use books and journals, who does not need a library, who does not read one or two of the best weeklies and monthlies, soon sinks to the level of the cross-counter prescriber, and not alone in practice, but in those mercenary feelings and habits which characterize a trade.

But to maintain a modern medical library is a very serious undertaking. So extensive has the literature become that even well endowed institutions find it impossible to meet the incessant demands in all departments. The Faculty has the nucleus of an excellent collection, and through the kindness of our friends we have been enabled this year to add a long list of most valuable journals and many complete sets. Within a few years this most valuable section of the library should be greatly enlarged. The true worker does not want text-books; he looks to

journal literature and monographs, and the extraordinary development of all special departments makes the work of a Library Committee very difficult unless it has a rich appropriation. In a year or two we should be able to give the committee at least double the present allowance.

There are several ways in which we can all help. Bring in new members; every additional annual subscription adds so much to the library. You can join the Book and Journal Club, which is, as you know, a voluntary organization among members of the Faculty. This year, as Dr. Harry Friedenwald's report will show, we have more than one hundred members, and the club has subscribed to more journals for the library than the Library Committee. This is an excellent way of helping ourselves. The club should next year have at least two hundred members, and present $1,000 worth of new books and journals. And lastly, many of you can help by filling out our imperfect sets of native and foreign journals. Will not one or two of our gynæcological brethren take the trouble to look into the defects in the journals in their department? A little money spent quietly in this way will lighten their pockets and their hearts. There are gaping gaps which our surgeons might bridge over. A little personal interest on the part of the members will be much appreciated.

I envy Charles Frick the good fortune to go down to the future generations in this Faculty with his name linked to an important section of our library. Posthumously and by proxy, as it were, thus to carry on, though dead, the work he was interested in while living, is the nearest approach a man can make to cheating the great enemy, and in Charles Frick's case it is in a measure a compensation for the untimeliness of his taking off. It is proposed to make the Frick Library the strictly medical section, in contradistinction to general surgery, and obstetrics and gynæcology. How suitable it would be to connect also these departments with other names of men who have won sufficient recognition. Than this there is no more appropriate way to perpetuate an honored name in our ranks. The College of Physicians of Philadelphia has set a good example in the Samuel Lewis and the S. D. Gross Libraries,

which are so successfully kept up—the one in general medicine, the other in surgery.

Pour encourager les autres, I would like to refer to the splendid bequests which Nicholas Senn has made to the profession of Chicago. Many years ago he purchased the library of Prof. Baum, of Gœttingen, containing some 16,000 volumes and pamphlets, and this he presented to the Newberry Library for the use of the physicians of Chicago, and now, this year he has bought the splendid scientific library of the late Prof. Du Bois Reymond.

Increased privileges and facilities bring necessarily increased responsibilities, of which the future holds for us a goodly store. Two years will bring around the centennial of the founding of the Faculty, an occasion which should be made memorable in a very special way. There is, as you know, a small indebtedness on account of this building, a mere bagatelle to the profession of a city of half a million. This must be met, and certainly the centennial celebration of this organization is an epoch important enough to demand a larger effort, for which the payment of the small debt will prove useful training. The Executive Committee has a plan, which it will bring before the members at an early date, asking them to subscribe varying sums for the years 1897, 1898 and 1899, to pay off our mortgage. A few may be relied upon to give $200 a year for the three years; from a larger number we hope for $100; others will give $50; some $25; and a larger number $10. We hope not only to pay off the debt, but to leave a balance.

May I say a word on the art of giving? The essence is contained in the well-known sentence, "Let every man do according as he is disposed in his heart, not grudgingly or of necessity." Subscriptions to a cause which is for the benefit of the entire profession should truly be given as a man is disposed in his heart, not in his pocket, and assuredly not of necessity, but as a duty, even as a privilege, and as a pleasure. Some of us, the younger men, cannot give. The days of travail and distress are not yet over, and to give would be wrong. It is sufficient for such to have the wish to give; the elder brothers will bear your

share; only be sure to foster those generous impulses, which are apt to be intense in direct proportion to the emptiness of the purse.

Upon a second group we must chiefly depend—the men of moderate incomes, who have a balance, however small, at the end of the year. To devote a fraction of this to the needs of the profession by which they have lived is, on the lowest motives, good policy, on the highest, a delightful privilege.

Beyond a modest competency the sensible doctor does not aspire, but in the profession of every State there is a third group, composed of a few men, who, dry-nursed by us, sometimes by the public, have become prosperous, perhaps wealthy. Freely they have received, freely they should give. It must be acknowledged, however, that the admonition of Sir Thomas Browne, "should your riches increase, let your mind keep pace with them," is not always regarded by the men of this group. We have seen a good deal in the papers about the large fortunes left by doctors who have died in the past few years; but it has not been a pleasant feature to note, with scarcely an exception, either an entire neglect or a very beggarly remembrance of the profession in which these men had at any rate laid the foundation of their large fortunes.

The sum required is not large, and we may confidently hope that the committee who will have it in charge will within a few weeks obtain promises more than sufficient to meet it. If we make this little effort ourselves, we can try in the centennial year to obtain a proper endowment for the Faculty from our friends among the citizens. We shall need a larger hall, more in keeping with the rank and work of the profession of this city—quarters as complete as our brethren enjoy in Philadelphia and New York. And an endowment yielding a few thousand dollars annually is absolutely essential for the proper development of the library. I would offer as a suggestion that a Committee on Finance be appointed to take charge of this matter. It would be well subsequently to have a permanent Finance Committee.

And lastly, I would call the attention of the members to the fact that we are working under a somewhat antiquated and very much patched up set of by-laws. If you will turn to the last year's transactions you will find between five and six pages of resolutions, amendments, etc., affecting the Constitution, from 1885 to 1896 (inclusive). There are also anomalies in the Constitution which might be amended; thus the examining boards for the Eastern and Western Shores, respectively, have no longer any vital status in our organization since the licence is no longer granted by the Faculty. They might be replaced by a committee for the examination of the credentials of candidates for membership. I would suggest that a committee take charge of this whole matter, to report next year on the necessary changes, and give notice of motion for any alterations in the Constitution which are deemed advisable; then in 1899, our centennial year, the Constitution, By-laws, etc., could be all clearly and definitely presented for discussion and adoption.

In conclusion, may I paraphrase those noble words of Aristotle, in which he laid down the duty of the citizen to the state, as also peculiarly appropriate in defining the obligations of the doctor to his calling. No physician has a right to consider himself as belonging to himself; but all ought to regard themselves as belonging to the profession, inasmuch as each is a part of the profession; and care for the part naturally looks to care for the whole.

ANNUAL ADDRESS.

DOES MEDICINE ADVANCE?

By DAVID W. CHEEVER, M. D.,

Emeritus Professor of Surgery, Harvard University.

WHAT IS THE TRUE OBJECT OF THE PRACTICE OF MEDICINE?

TO PROLONG LIFE;

TO RELIEVE SUFFERING;

TO PREVENT DISEASE;

TO CURE DISEASE.

If we contrast the life of our day with the life of any previous period we can safely say that people live longer or have a chance to live longer; that pain is more remediable; that many diseases can be prevented, or avoided; but can we say that more sick people are cured?

Does medicine advance?

The answer varies according to the four objects to be attained.

What has this century given us that is wholly new?

In 1840, the law of Zymosis, or fermentation, by Dr. Farr.

In 1846, Anesthesia, by Dr. Morton.

In 1850, the demonstration of a bacillus (of anthrax), by Davaine and Rayer.

In 1858, the law that fermentation and putrefaction are due to micro-organisms, by Pasteur.

In 1865, Antisepsis, by Lister.

Later the differentiation of germs by Koch; the cultivation of germs; the study of their noxious products or ptomaines; the antitoxines; the migration of the white cell, in inflammation; the leucocytosis of suppuration; the functions of the elements of the blood; subcutaneous therapeusis; sanitary science: the conquest of epidemics.

Why lengthen the list? And all this in fifty-seven years.

Hippocrates advocated pure air, pure water and a pure soil, as the requisites of health. Now, we have learned why air may become impure; how water becomes infected with water-borne diseases; by what means to cleanse the soil.

Does medicine advance?

Our medical ancestors based their practice on
first, observation;
second, experience.

The modern physician relies on
first, experiment;
second, observation.

As the science of medicine advances thus, and thus only, may the art progress. What is the science of medicine? What does it grow from?

Chemistry, anatomy, physiology, pathology, bacteriology.

What constitutes the art of medicine?

Therapeusis, chirurgery, obstetrics.

Who can question the advance of chemistry? of microscopic anatomy? of physiology by vivi-section? of pathology and bacteriology, and the flood of light they shed upon the nature and the study of disease?

The Roman physician described the dates and the varieties, the habitat and the peculiarities of malarial diseases as accurately as we can now. The use of arsenic or the Jesuits' bark was well known to control them. But why some were quotidian, some tertian and some quartan, we were as ignorant of as the Roman, until the microscope discovered the germ of malaria in the blood, and showed that its periods of growth by fissure marked out the access of chill into one, three or four days interval.

What are the eras of medicine?
Observation, by Hippocrates.
Polypharmacy, by Galen.
Experiment, by Bacon and Hunter.
A reliance on nature, by Sydenham.
The school of precision, by Louis.
Prevention, by Jenner.
Aggressive therapeusis, by modern scientists.

When men depend on observation, unaided by scientific instruments, they remain acute observers. The eye of the savage has a range of vision beyond that of the civilized man. The microscope enlarges our sight, but dulls the natural power. Hippocrates observed the phenomena of disease, and gained, probably, as good an idea of practical facts as we do now.

From Hippocrates to the Middle Ages and even later, the blood has been accused as being the focus of disease. Bleeding, *coup sur coup*, was supposed to eliminate the *materies morbi*, although the often irremediable loss of fibrin and red corpuscles was soon replaced by serum from the tissues. Now, transfusion of blood, or of salt solutions, indicates the turning of the scale upwards rather than downwards, and a new supply takes the place of depletion.

The modern study of the elements of the blood and the counting of corpuscles mark the change which the microscope has introduced into this part of our art. These are the greatest improvements since the demonstration of the circulation by Harvey.

Polypharmacy has had a long reign, and is still vigorous in its old age. Synthetical remedies supplied by modern chemistry tend to keep up the delusion that many drugs will do more than few, or none; and the search for specifics still continues.

Experiment, the *vexatio naturæ* of Bacon, introduced a great advance in medical practice. To Bacon is due the inductive method of reasoning. While the study of medicine is wholly by observation, the practice of medicine is the result of experiments. Medical science is then

strictly inductive. But theories of medicine may lead to deductions, and often to false ones.

Observation is what we learn by using our senses. Experiment is the trial of anything. Induction is to generalize from observation and experiment. For example: Watt observed that boiling water turned into steam; that steam lifted the cover of a kettle; he experimented to see if it would move other objects; by induction he generalized the law of the expansion of steam. John Hunter was an earnest advocate of experiment. All theorists say to the practitioner at the bedside, "Do not try, but think, reason, deduce!" Empirical Hunter said, "Do not think, but try!" Pasteur and Koch, aided by vivi-section, have carried experiment farther than its authors could have deemed possible.

Experimental physiology, by proving the effects of drugs on the lower animals, aided by experiments on the normal respiration, temperature and digestive powers of such animals, has enlarged the list of remedies, defined and limited their use. Chemistry, too, has rendered valuable aid in therapeusis by separating the cleanly and active alkaloid from the useless bulk of nauseous drugs.

A reliance on Nature's restorative powers, advised by Sydenham, gave rise to the expectant treatment. To wait and watch; to do no harm, if no good; therapeutic nihilism, were still more enforced by the teaching of the elder Bigelow on self-limited diseases. That disease was not an entity distinct from ordinary life, but a process capable of a spontaneous return to health, in time, and in a more or less certain time. Such doctrines, carried farther, considered disease a part of the plan of creation, as Cotting suggested. "*Natura duce*" was the motto of the expectant school.

The natural history of disease and diagnosis assumed the chief importance. These were the prevailing methods when the writer entered the profession. Drugs were of doubtful utility; experiment was not stimulated by such doctrines. The medical atmosphere of those times was cloudy and not encouraging.

Now arose the school of precision headed by Louis and his statistical methods. Statistics have, however, been shown to be not free from fallacy. The personal equation of the observer is often fatal to the accuracy of statistics. The eye sees only that which it has the power of seeing. Previous knowledge and particular training, as well as common sense, are necessary to the correct observation of any class of phenomena. We are the standard by which we must judge of external nature, and observation must always vary with the character of the observer.

Two instruments of precision had now appeared, and were destined henceforward to exercise the most important influence on medicine. One was the compound microscope; the other the clinical thermometer. The microscope revealed disease in the tissues; the thermometer measured accurately fever and chill. All doctors could learn the tongue; all could estimate the pulse; but bodily temperature has proved to be a more definite guide. The stethoscope, the laryngoscope, and, above all, the ophthalmoscope, displayed fields before unseen; and revealed changes which before must be guessed at.

Prevention of disease was a brilliant thought and a long stride forwards. To Jenner must be freely accorded the first successful attempt at prevention, by his discovery of vaccination. Many others have followed with antitoxines, or serum-therapy, as Pasteur, Koch, Behring.

Prevention by sanitation, or hygiene, comes forward next into view. The pure air, water and soil of Hippocrates are again studied, and the most assured improvement in longevity has been brought about by purifying the air, filtering the water, and draining the soil. Freeing the food from adulteration and from the germs of disease are best exemplified in the case of the milk supply and of pork.

All this is new. It was unheard of in the middle ages, and even later, when one disease, due to heat and overcrowding, arose, the sweating sickness, or miliary fever. This malady has disappeared under modern sanitation. It is, I believe, the only disease which has vanished out of

human existence. All the other germs and poisons remain, even the bubonic plague of Thucidydes, Bocaccio and DeFoe.

The miliary fever raged epidemically. In this disease there was a natural sweat; and this was seized upon as the grand indication of treatment. Whoever, when seized, wished to escape death, must perspire for twenty-four hours, without intermission. Hecker, in his "Epidemics of the Middle Ages," thus states the treatment: "So they put the patients instantly to bed, covered them with feather beds and furs, and while the stove was heated to the utmost, closed the doors and windows with the greatest care, to prevent all access of cool air. In order, moreover, to prevent the sufferer, should he be impatient, from throwing off his load, some person in health likewise lay upon him, and oppressed him to such a degree that he could neither stir hand nor foot; and, finally, in this rehearsal of hell, being bathed in an agonizing sweat, he gave up the ghost." This pestilence, miliary fever, visited almost every puerperal chamber, for there a like hot regimen was carried out.

Immunity now appears as a new treatment of disease. Syphilization, inoculation of rabies; of tetanus; of diphtheria. The last named so general and so fatal a disease, that prevention, or abortive inoculation, has already secured a more brilliant success than any measure since the days of Jenner. Antisepsis and germicides also come in to play an extremely important role in sanitation.

Finally, aggressive therapeusis, as we will term it, has taken the place of expectancy. True, we still wait on Nature, but we also attack disease. We explore the cell for the germ; we isolate, locate, abort, eliminate the germ, which is present in each malady, and which affects, if it does not wholly cause it. It is evident that chemistry and bacteriology must here do far more than drugs. We can destroy the vitality of the comma bacillus, the milk or water-borne typhoid germ, and the trichina of pork by simple heat. Other varieties we attack by chemical solvents, and by inoculations of their products in, so-called, antitoxines.

It is questionable, however, whether all our modern methods are sanative. Antifebrin, antipyrin, and the long list of febrifuges aim to reduce fever rapidly. On the other hand, nature's method is to cause first, perspiration, which may eliminate morbid elements; and, second, evaporation, which cools gradually. Some contend that fever is a germicide, and hence salutary; while the rapid reduction of temperature by the drugs alluded to is accompanied by depression of the heart and the vitality.

Can we cure more diseases? Let us take the five chief causes of death in Boston in 1896. They were: Pneumonia, 1,387 deaths; phthisis, 1,328 deaths; heart disease, 861 deaths; diarrhœal diseases, 713 deaths; diphtheria, 516 deaths; making a total of 4,805 deaths out of 11,634, the mortality of the city for that year; five-twelfths of all deaths, or nearly one-half.

Of these we shall find the curability of pneumonia not improved; of phthisis, improved; of diarrhœal diseases, much improved; of diphtheria, a mortality reduced from 40 per cent. to 12 per cent. Pneumonia has usually come second to phthisis in the number of deaths; but last year it exceeded it. There is, then, an advance in the frequency of pneumonia, but no advance in treatment. But when we find that heart disease comes next in the list of mortality, can we not safely infer that a weak heart, overloaded on its right side by lung obstruction, is the ultimate cause of many deaths from pneumonia?

The dead-line of pulmonary consumption is declining slowly; prevention is beginning to influence it. Tuberculin is a test, but not a remedy. Successful treatment depends on early diagnosis, climate, sanitation, isolation, destruction of sputa. Diarrhœal diseases, oftenest infantile, have been much aborted by sterilizing milk, and by a reconstruction of its ingredients, chemically. Diphtheria will be jugulated by antitoxine inoculation. It is safe to say that all this advance in reducing the mortality of phthisis, diarrhœal diseases and diphtheria has been made through bacteriology.

On organic diseases we have made no impression by medicine. They constitute about one-eighth of the general

mortality. Very early diagnosis must here precede any effectual treatment. This treatment must be dietetic and hygienic, rather than pharmacal, unless inoculation by some toxine shall be discovered.

In consequence of the reduction of zymotic diseases, many lives are saved in childhood. Thus it results, according to the British Health Reports, that up to twenty-six years the chance of life has increased. But after thirty years, by the same tables, the chance of life is less than it formerly was, owing to the increase of diseases of degeneration due to civilization. There is a notable increase of cancer, and of some other organic diseases. So many feeble lives, preserved through childhood, become feeble adults, prone to gradual decline. The percentage of chronic diseases is thus steadily increased.

It is thus seen to be impossible to overturn nature's balance of life and death. It is given to all men once to die. Mortality must come, or births would cease for want of food. Increased longevity and a diminished birth-rate meet in highly civilized communities. War, epidemics and famine play their part in restoring the disturbed balance of life and death; and they always will do so. It is for us to seek by prevention and sanitation to preserve the lives of those around us, well knowing that heredity and other causes will be always contending against us. In the midst of marvellous improvements and discoveries we must realize that the diseases which affect mankind have never died out; they are only held in abeyance.

Smallpox, cholera, plague, diphtheria, tuberculosis, cancer, are active and watchful enemies. That we have accomplished so much against them is surely cause for congratulation. Medicine, as an art, really advances. Meanwhile the horizon of knowledge is ever receding; and the field of new discovery and exploration is inexhaustible.

Shall we lie down in our defences in sullen and stubborn opposition? Or, shall we join the thin skirmish line of assailants which openly attacks the causes of disease by bold and repeated assaults?

The one is expectancy; the other is aggressive therapeusis.

REPORTS.

TRUSTEES' ANNUAL REPORT, 1897.

Mr. President and Gentlemen:

At the first meeting of the Board of Trustees following the Annual Meeting the officers of the preceding year were re-elected, viz.: Taneyhill, Secretary; Ashby, Treasurer; Tiffany, Chairman. The Trustees, during the year, cared for the property, through the various committees by whom reports are submitted. The building during the year has been the meeting place of not only local but also of general societies.

The expenses of the house have been materially assisted by the rent paid for the use of the rooms by these societies.

The buildings are in good order.

L. M. TIFFANY,
GEORGE J. PRESTON,
T. A. ASHBY.

ANNUAL REPORT OF THE TREASURER OF THE TRUSTEES.

Balance on hand at last Report	$221 59
Donations	19 00
Received from rent of Hall	631 25
Total	$871 84
Expenditures on Building, etc., during the year	749 03
Balance	$122 81

Bills due by Trustees, about $150.

T. A. ASHBY, *Treasurer.*

SECRETARY'S REPORT.

Mr. President and Gentlemen:

Your Secretary begs to report first on behalf of the Publication Committee that the Transactions of 1896 were printed at less cost and distributed at greater cost than heretofore. The former practice was to mail only to out-of-town addresses and to leave the rest of the edition at the Faculty rooms for delivery by the Librarian.

This mode of distribution was unsatisfactory, and we believe the distribution through the mails is on the whole more economical. The edition of 1896 was too small. It has been sometime exhausted, your Secretary having sent the last copy some two months ago in response to a request from Governor Lowndes.

The Transactions were out of press late in 1896, because the address of the orator of 1896 was not obtained until August. Your committee recommends the printing of an edition of 1,500 copies this year, and asks the society to consider whether the Transactions may not be printed in full.

Beside his routine duties, your Secretary has the pleasure to report gifts to the Faculty of a portrait of Dr. John Buckler from Dr. Thomas Buckler, and of portraits of Dr. Charles D. Meigs and Dr. John K. Mitchell from Dr. C. C. Bombaugh.

With this report your Secretary offers thanks to the Faculty for the honor which he has enjoyed, and asks that he now be relieved of duty as Secretary.

JOHN S. FULTON.

TREASURER'S REPORT.

Mr. President and Members of the Medical and Chirurgical Faculty of Maryland:

In the discharge of duty, your Treasurer makes the following report. Before giving the figures that set forth the receipts and disbursements of the year, your attention is called to the fact that for the first time this accountant shows the expenditure of the Library Board.

On page 18 of our published Transactions for the year 1896, the Executive Committee reported that they would offer two new By-laws. The first refers to the fact that the Treasurer was to pay the vouchers of the Library Board to the extent of their appropriations; the second to the posting of the names of those in arrears.

The Library Board, in session with the Executive Committee and members of the retiring Library Board, asked for the following appropriations for the year: for Binding Journals, $100; for Journals, $250; for Librarian's Salary, $300; for Janitor, $60; for Index Medicus, $25; for Incidentals, $25; making a total of $760. Also, as much of $150 as was necessary to purchase a complete Index Catalogue for the Library.

There has been a deposit of $100, as will appear in receipts, which was given for special help in preparing catalogue of Library. As yet none of this fund has been drawn.

You will observe the amount paid upon vouchers of the Library Board, and that especial contributions were made to this board, notably that from the estate of the late Dr. Frank Donaldson. The amount as reported includes the sales and fines at the Library during the year—and the whole amounts to $1,234.44.

You can but be pleased to observe that, since the last report of your Treasurer, the Frick fund has received from Mr. Reverdy Johnson $100 and from Mr. W. F. Frick $500, making $600 in this account.

During the year Dr. Flora Pollack returned her individual note to your Treasurer, and our liabilities, as stated, of individual notes will therefore be less than reported last year. This return of note was communicated to the Treasurer of the Board of Trustees.

A full statement of individual notes held by members of the Faculty will appear in report of the Board of Trustees. You will observe in the statement of your Treasurer that the interest on these notes and on the mortgage on this property held by N. Rufus Gill has been paid. The Clinical Society on its loan of $1,000 has not pushed your Treasurer for payment, and the interest now due since January 24 will be reported in our liabilities.

During the year a new contract was entered into with the Chesapeake and Potomac Telephone Company, which allows a charge on all calls over a specified number. This will account for $10.89 in telephone expense.

Our accessions during the year were by election of Llewellys F. Barker, Walton Bolgiano, Walter B. Dent, Eugene Douglas, Daniel Z. Dunott, Lewis H. Gundry, Hughlett Hardcastle, W. Edward Magruder, T. W. Keown, Francis J. Kirby, Robert J. Murray, Charles H. Medders, Fred. R. Nordman, Frank W. Pearson, Adeline Elwell Portman, George Reuling, W. K. Robinson, W. L. Smith, Charles W. Wainwright, E. T. Whitney, John F. Adams, Carleton M. Cook, Thomas S. Cullen, J. Fred. Hempel, W. T. Watson, A. Duval Atkinson, Charles H. Dixon, Jr., B. F. Leonard, Ira J. McCurdy, B. B. Lanier, John Ruhrah, W. W. Russell.

We place upon the list of honored dead the names of John S. Conrad, Josiah G. Keller, Thomas Cairnes Price, W. H. Perkins, Henry Salzer, P. C. Williams, H. Newell Martin—7.

By resignation, Dr. W. T. Howard, Jr., Hunter Robb.

By non-payment dues, Pierson Chapman, Jesse W. Downey, E. C. Etchison, H. Forsythe, W. B. Gambrill, L. I. Jones, E. H. Judkins, C. M. Stille, W. Winsey, A. S. Warner, P. Bryson Wood—total loss 20, leaving a gain really of 12.

The Executive Committee in their report will mention their desire to clearly set before our membership our financial condition, and your Treasurer therefore gives the statement for the past ten years of receipts, expenditures and liabilities from the respective years of our published proceedings.

	RECEIPTS.	DISBURSEMENTS.	LIABILITIES.
1887	$1,767 26	$2,043 53	$276 27
1888	1,944 50	2,187 99	243 49
1889	2,134 25	2,229 16	94 91
1890	1,752 91	1,984 88	231 97
1891	1,740 89	2,258 95	565 16
1892	1,671 36	1,712 82	959 52
1893	2,196 90	2,196 90	644 26
1894	1,902 27	2,036 57	893 82
1895	1,878 87	1,886 67	701 62
1896	3,511 12	3,637 23	426 11
1897	3,390 13	3,499 41	434 28

This table does not include liabilities of mortgage on property, individual notes and loan of Clinical Society. These amount to $9,245, and are covered by the property we own, and should be accounted for in report of Board of Trustees.

RECEIPTS.

Initiation Fees		$ 160 00
Dues of Members		1,915 00
Sales and Fines at Library		16 18
Contributions to Building Fund: Chas. M. Ellis $100, Jackson Piper $4.00		104 00
Legacy Estate Dr. F. Donaldson		137 53
Frick Library: W. F. Frick, Esq., $500, Reverdy Johnson, Esq., $100		600 00
Special for Preparing Catalogue at Library		100 00
Amount from Library Board, Transactions 1896,		83 38
Balance from Supper, 1896		3 40
Discounted Note—Commercial and Farmers' National Bank		270 64
Total Receipts		$3,390 13

DISBURSEMENTS.

Deficiency Reported Last Session			126 11
Note Paid			300 00
Advertising, *Sun*, *American*			6 10
Expenses Annual Orator			5 50
Janitor Special			10 00
Gas, Eutaw Street		$106 50	
Gas, Linden Avenue		18 00	124 50
Library Board—			
Binding Journals	$ 69 65		
Journals	421 89		
Librarian's Salary	300 00		
Janitor	60 00		
Index Medicus	25 00		
Incidentals	74 19		
		950 73	

Index Catalogue	130 00	
Legacy Donaldson Estate	137 53	
Sales and Fines at Library	16 18	
		1,234 44
Telephone Rental	$74 40	
Telephone Extra Calls	10 89	
		85 92
Transactions, Printing	169 82	
Cordell	20 00	
Stamps	39 10	
		228 92
Corresponding Secretary		45 75
Recording Secretary		7 00
Reporting Secretary		13 00
Commissions Collecting Dues		50 40
Interest on Mortgage, N. Rufus Gill		350 00
Interest on Personal Notes—B. R. Benson, $2.00; Wilmer Brinton, $5.00; J. M. Craighill, $2.50; N. R. Gorter, $5.00; W. S. Halstead, $5.00; C. O'Donovan, $5.00; J. B. R. Purnell, $1.25; J. D. Blake, $5.00; Theo. Cooke, $5.00; George Fleming, $1.50; William Green, $5.00; A. C. Pole, $5.00; George B. Reynolds, $5.00; G. L. Taneyhill, $5.00; S. K. Merrick, $5.00		62 25
Frick Library Committee		600 00
Expenses Semi-Annual Meeting		14 50
Board of Trustees		104 00
Incidentals—		
Friedenwald	$20 50	
Maryland Medical Journal	7 00	
Bulletin Board	6 50	
Reese, Seal and Bills	9 00	
Filling Diplomas	26 00	

Committee on Sanitation	2 45	71 45
Treasurer's Expenses		60 20
Total Disbursements		$3,499 41
Disbursements over Receipts		$109 28

LIABILITIES.

Rent due Clinical Society	$ 50 00
Note—Commercial and Farmers' National Bank	275 00
Disbursements over Receipts	109 28
Total Liabilities	$ 434 28

Which is the Amount appearing in Table before given.

ASSETS.

Dues from Members in Arrears	$ 516 00

Gentlemen: A careful looking into our affairs can but encourage the membership to a more active zeal in our welfare. Never before have we as a Faculty been able to offer as much as now. Never before have we received so much support from the profession; and now with a better equipment, with a better understanding of our needs, and a better appreciation of the same, we may, with a membership increasing in interest and numbers, hope for much. The Treasurer and the Faculty would be assisted much by a prompt payment of dues, which are payable in advance, and which are needed to make our yearly showings of gratifying character.

And now Mr. President and Members, for 15 years I have been honored by re-election to this office of Treasurer; I am satisfied there is no necessity, as now appears in our proceedings, for more than one such officer. I again thank

the Faculty for their past confidence and place at their disposal the office of Treasurer which has been entrusted to me, and I hope by their vote and action to be allowed to resume my place amongst the rank and file of our membership, where still are to be found many honorable and worthy members.

Respectfully submitted,

W. F. A. KEMP,

Treasurer.

REPORT OF EXECUTIVE COMMITTEE.

Mr. President and Gentlemen:

The Executive Committee, at its first meeting, in accordance with the rule adopted by the Faculty, appropriated for the Library Board, for the year 1896–97, $760.00, and a sum of $150.00, or so much thereof as might be necessary, for a card catalogue and index for the library.

The Treasurer was directed to notify all delinquent members to pay their dues lest their names be posted in the Faculty hall.

The Medical Society of Washington County invited the Faculty to hold its semi-annual meeting at Hagerstown, which invitation was accepted and the meeting was held, as the Faculty already knows.

The State Licensing Board held its fall meeting in the Faculty rooms. The committee invited Dr. D. W. Cheever, Emeritus Professor of Surgery at Harvard, to deliver the annual oration at the meeting in April. This invitation Dr. Cheever accepted, and he will address this Faculty April 29th, at 8 P. M., his subject being "Does Medicine Advance?"

The successful inauguration of the Frick Memorial Room as a part of the State Faculty is a matter of too recent date to require more than mention.

In order to centralize and further the interests of the Faculty, during the year joint meetings of the Executive Committee and Board of Trustees have been held. Such meetings, in the opinion of the committee, have been most successful. At these meetings the condition of the library, the financial condition of the Faculty, present and future, and the means for improving the same, have been the subjects mainly discussed.

L. M. TIFFANY, *Chairman.*

REPORT OF THE LIBRARY COMMITTEE.

Mr. President and Gentlemen of the Faculty:

The Library Committee, in presenting its report, wishes to call attention at the outset to the fact that the most important work of the Faculty is the maintenance and enlargement of its library. In general it may be said that this work is of three kinds: first, the collection of old books; second, the keeping up and completing the journal list; and third, the purchase of new books. Old medical books are of little value in a private library, but when collected in large numbers they present a valuable retrospect of the Science of Medicine. The committee would urge upon the profession the importance of aiding in this work. The journals are of extreme importance to all workers in the different branches of medicine, and it is our endeavor to complete the sets, many of which are imperfect. The purchase of new books is a feature which has been almost totally neglected in our library for many years, owing to lack of means. The total number of bound volumes in

the library is 7701. Former reports have sometimes given a larger number than this; but a recent accurate account shows the number here given to be correct. The library receives regularly 118 journals, and of these 49 are donated by the Book and Journal Club, 2 by Dr. Osler, 40 are subscribed to by the Faculty, and the rest are exchanges. These journals are from the following countries: America, 55; Germany, 34; France, 14; Great Britain, 11; Italy, 2; and Scandinavia, 2. The journals are all placed in the Frick room of the Hall, and are arranged alphabetically under the name of the country in which they are published. The bound journals have also been arranged on this system in the journal room. Never before in the history of the library have so many new books been added. This is due to the munificence of Messrs. William F. and Frank Frick. In addition to the $1000 presented to the library last year by these gentlemen, Mr. William F. Frick has this year given us $500. Another friend of the library, Mr. Reverdy Johnson, has subscribed the sum of $100. The Book and Journal Club has done splendid work during the past year, and its contributions to the library have been most important. Special reports will be made more in detail concerning these donations. To give some idea of the value of the contributions from these two sources, it may be mentioned that the Frick fund has presented to the library during the past year 280 new books and 209 bound volumes. Included in the latter is a full set of Virchow's Archives. This latter invaluable set of journals was purchased in part with a donation from the late Francis Donaldson. The Book and Journal Club has placed upon the shelves of the library during the past year 52 new volumes, many of which are expensive works and not likely to be found in private libraries. Thus it will be seen that from these two

sources the library has been enriched by 332 new books, 209 bound journals and 49 periodicals. Many members of the Faculty have shown their generosity by presenting books. We have received from Dr. Thomas F. Murdoch 128 volumes, from Dr. W. B. Canfield 32 new books, 19 volumes from Dr. H. Friedenwald, 13 from Dr. Osler, 13 from Dr. Cockey, 10 from Dr. Halstead, from Dr. Hurd 10, Mrs. Patterson 6, Dr. Preston 2, Dr. A. Friedenwald 2, Dr. I. E. Atkinson 2, Dr. J. R. Winslow 2, Mr. Reverdy Johnson 1, William Wood & Co. 1. Dr. George H. Rohe sent a valuable collection of health reports. In addition to this list we have received through the Smithsonian Institute 200 theses from foreign universities, and miscellaneous journals and pamphlets from Sharp & Dohme, Johns Hopkins Hospital and University, Drs. Sadtler, J. R. Winslow, Greene, Ruhrah, Rohe, Bond, Tiffany, Booker, Welch and Cullen. This very notable increase in new books and journals has had the effect of increasing greatly the number of readers in the library. For example, in 1894 249 books were taken from the library, in 1895 254, and about 200 in 1896, while during the past year the number of books taken out was 612. More striking still is the fact that since January 1st more than 900 persons have consulted the library. These figures show how fully the profession appreciates the extension of our work. This increased circulation of books is in spite of the fact that since January 1st, 1897, no unbound journals have been allowed to circulate. During the past year 62 journals have been bound, and it is important to add that these have all been collated, so that nothing should be bound that was incomplete or mutilated, a precaution heretofore sadly neglected. All the books in the library have been classified and placed

alphabetically by authors, under each subject. The work of cataloguing has of necessity been slow, since no accurate catalogue of the library has ever been made. It should be stated also that the Librarian's time has been greatly encroached upon by the duties of the Nurse's Directory.

At the beginning of the present fiscal year the Executive Committee of the Faculty designated the sum of $760 for the use of the library. Of this sum $754.60 have been expended as follows: Librarian's Salary, $300; Subscriptions to Journals, $225.76; Binding, $69.65; Janitor's Salary on the part of the Library, $60; Index Medicus, $25; Incidentals (desk for Librarian, printing, stationery, expressage, etc.), $74.19. Thus it will be seen that the Library Committee has come within the appropriation. A special appropriation was made last year by the Faculty for a card catalogue outfit, which was purchased at a cost of $130. There has been received from Fines $16.18; expended from Nurse's Directory fund $44.82.

A new custom was inaugurated at the beginning of this year, and one which the present committee would strongly urge the continuance of, namely, the weekly meeting of the committee. Heretofore this committee has met but a few times during the year. It is hoped that before another annual meeting the library will be thoroughly and scientifically catalogued. A temporary assistant to the Librarian to aid in the work of cataloguing has been arranged for through the liberality of Dr. Osler, who generously contributed $100 for this purpose.

In conclusion, the committee most heartily commend the excellent work of the Librarian, Miss Noyes. She has brought to her work some years of library training, and her various duties have been performed in the most intelligent and conscientious manner.

All of which is respectfully submitted.

GEORGE J. PRESTON,
WILLIAM OSLER,
T. A. ASHBY,
HARRY FRIEDENWALD,
S. K. MERRICK.

REPORT OF CURATOR.

The Curator of the Faculty desires to report that immediately after entrance upon office he began to inform himself as to the duties which devolved upon him. He learned that Article VI of the Constitution required him to "preserve all valuable specimens donated to the Faculty" and to "have a general supervision over the buildings of the Association."

The latter of these duties has been recently assumed by the Board of Trustees. The specimens alluded to have disappeared. No one seems to know exactly what they were, except that among them were certain bottles or jars of pathological curiosities. For some ten or fifteen years their location seems to have escaped the memory of those who have conducted the affairs of the Faculty.

Professor Uhler, of the Academy of Sciences, with whom they are said to have been placed, says he knows nothing of any such specimens as a definite collection. Rather than search, I have determined to bring these facts before the Faculty at its annual meeting, and if no member knows where the specimens are, to ask that the Faculty abolish the office of Curator as it now exists.

I would suggest, however, that the Faculty should provide, either in connection with the Board of Trustees or with the Library Board, for a more decent care of certain

medical relics which have been entrusted to it by friends in the past. There are a number of relics in the shape of instruments, note books, diplomas, etc., which are now, I believe, poked away in dark closets for the moths and mice, or which may easily be lost.

If a suitable glass show-case were provided for these and a special custodian appointed who is interested in bygone days and in the men who founded medicine among us in Maryland, it is probable that a very interesting collection would gradually come into possession of the Faculty. The medical schools of the city have probably scattered objects of this sort which ought to be deposited with the Faculty officer who cares for this department. Older physicians and the relatives of deceased physicians would doubtless respond to an invitation to contribute to the Faculty's collection. Such articles require for their preservation and exhibition an outlay of money and more care than the Trustees or the Library Board, as committees, are likely to bestow upon them.

I would also suggest that the listing and care of the pictures which adorn the halls and rooms of our buildings, many of which could not be replaced, be committed to the charge of this same custodian. The Faculty has now no list of these pictures, no proper arrangement for keeping them framed, no inscriptions affixed to them stating what they are, or who the artists are, or who donated them. Among them are diplomas and drawings of great historical value to us. In this day, when the antiquities of colonial and other past generations are being eagerly sought out and recorded, in many cases just a few years too late, it is the duty of this Faculty, whose existence reaches back into the preceding century, and which has been for a hundred years the exponent and preserver of professional interests in Maryland, to put itself abreast of the age in

establishing an office and a modest fund for the collection and the preservation of historic relics and records which will soon go to the moth, the mouse, the waste heap. With the growth of culture in the profession there will certainly come an interest in its history. A few years hence, however, definite historic facts and relics of by-gone times will have forever been lost. Your retiring Curator has not the acquaintance with older medical men to fit him for this proposed station. He would, however, be glad to become a member of a Branch or Committee of the Faculty devoted to antiquarian research.

Very respectfully,

A. K. BOND, M. D.

REPORT OF COMMITTEE ON GENERAL SANITATION.

Mr. President and Gentlemen:

At our last Annual Meeting this Committee was appointed to promote the cause of Hygiene in Maryland and to co-operate with other sanitary and philanthropic agencies in quickening a more enlightened public interest in this department.

During the past year a new impetus has been given to State and Municipal Hygiene, and certain important measures to advance the sanitary welfare of Maryland have been successfully inaugurated.

Early in June Mayor Hooper gave an audience to the Committee, who wished to press the establishment of a municipal bacteriological laboratory for Baltimore, which the Health Commissioner had long urged in the interest of proper supervision of city water supplies, the early detection of infectious diseases, and the analysis of suspected

foods, etc. There were present at the Mayor's office Drs. Welch, McShane, Morris, Blake, Hemmeter and Schaeffer. The meeting was brief and to the point.

At his Honor's request a suitable candidate for the new office to be created was suggested, the Mayor's cordial co-operation promised, and a few weeks later the present incumbent elected.

On June 17th a Pure Milk Conference was held in the Hall of this Faculty, under the auspices of the Committee, to which the general public was invited. Plans and methods for getting a purer milk supply for Baltimore City were discussed by a representative gathering of physicians, veterinarians, dairymen, farmers, chemists and others.

Major Henry E. Alvord, Chief of the Dairy Division of the United States Department of Agriculture, made an address, and papers were read by selected experts on the "Proper Handling of Milk," "Milk Inspection," "Milk in the Nursery," etc.

Resolutions were adopted by the meeting urging an increase in the number of city milk inspectors from two to six, and asking that the standard be raised from twelve to thirteen per cent. total solids, of which 3.5 per cent. shall be fats.

The daily press aided very materially the object of this meeting by excellent reports and timely editorials. The influence exerted by this friendly agitation was soon manifested upon the dairying interest. Those who employ the services of a skilled veterinarian, and who take the necessary precautions to insure cleanliness and freedom from disease contamination of the milk supplied, announced the fact in special circulars, and were rewarded in several instances by an increase of patronage.

The Committee in this connection would emphasize the value of the tuberculin test for all cattle on dairy farms, as a means of avoiding the transmission of disease to consumers; and urge the voluntary adoption of systematic sanitary inspection of dairy herds at regular periods by reputable veterinary surgeons, and the employment of medical inspectors for the water supplies, stables, houses and families of those interested.

On February 17th and 18th our Committee joined with a Committee on the part of the State Board of Health—the Hon. Harry M. Clabaugh, Mr. Henry Brauns and Dr. John S. Fulton—in holding a Sanitary Conference, in the Faculty Hall, to which delegates were invited from every county of the State. Some eighty or more members responded, and a distinct note of progress was sounded, and an advance secured which should end in placing our State in the front ranks of sanitary excellence.

At the close of these very successful meetings, the details of which are probably within the easy memory of all present, a permanent organization was effected under the name of the Maryland Public Health Association, with the following officers: President, Dr. William H. Welch, Baltimore; Vice-Presidents, State Senator Charles Westcott, Chestertown; Mr. Henry Brauns, Baltimore; Mr. Charles R. Hartshorne, Brighton; Mr. H. G. Weimer, Cumberland; Dr. Philip Briscoe, Island Creek; Secretary, Dr. John S. Fulton, Baltimore; Treasurer, Dr. L. G. Smart, Roland Park. The membership has increased to three hundred and two.

Your Committee feel much encouraged by the vigor and judgment which characterize the actions of the present State Board of Health and the evidence of a willingness to co-operate in sanitary reform shown by the different counties of the State.

Among the general aims of the Public Health Association, as set forth in their circular, which your Committee most urgently endorse and recommend to the attention of the proper legislative bodies, are:

"The registration by the State of correct and full returns of births and infectious diseases; strict supervision and control of food and drink supplies; the maintenance of hospitals for infectious diseases; enforced isolation and disinfection at public cost; the regulation of funerals and transportation of the dead; conformity to hygienic principles in the construction of dwellings for man or beast; systematic inspection by experts of all schools, tenements, factories, jails, hospitals, almshouses and other public buildings and steamboats and railway carriages; the restraint and regulation of offensive trades (slaughter houses, etc.)."

The Committee have had in all their meetings and deliberations the active interest and co-operation of the President, Dr. Osler.

The expenses of the Committee on Sanitation for the past year have been $2.45:

To 50 postals and printing for Pure Milk Conference	$1 75
Additional postage	70
	$2 45

Public Schools.

"The same sense of justice and recognition of the principles of social economy," says a Massachusetts writer, "which regulates the quantity of air sent down the mine shaft to the miner, placed where he is powerless to help himself, should extend its interest to the children and teachers of our Public Schools, who are present in buildings belonging to the City and are under strict legal compulsion

to remain in them a fixed number of hours per day, whatever their condition, under penalty of arrest for truancy or neglect of duty.

The facts of ownership of the building and of compulsory attendance place the municipalities under obligation to surround the scholars with the best of hygienic conditions—the power behind the throne, the great tax-paying public, must be aroused from its apathy in regard to sanitary matters, and must demand as a factor in education, the provision of buildings which fulfill the conditions known to be essential to health, and must hold the city officials strictly accountable for the neglect of such conditions."

These statements are especially applicable to our own City and State, where much ignorance, indifference, and mistaken ideas of economy have been allowed to prevail. The bodies, as well as the minds of the pupils, must be developed and carefully guarded in any complete system of education. It has been well said, that "among the occupations classed as dangerous in modern times, that of public school teacher must be included," and that defects in ventilation and cleanliness, and in working-space, are among the most disastrous in their effects on health.

Public Baths and Play-Grounds.

"Water sufficient for cleanliness should be free as air to every member of a civilized community." It is a necessary moral, as well as hygienic factor, "All cities will soon come to regard public baths as essential to civic life and health." Here is an opportunity for private benefaction which should appeal strongly to some of our worthy citizens. What better memorial could a philanthropist leave of his good will to his native or adopted city? The

Carter Harrison Public Baths of Chicago are an example of this kind.

City playgrounds for the congested districts are alike needful from a moral, sanitary, and aesthetic standpoint. Many Eastern cities having fine water fronts have cause to regret the want of municipal foresight in not reserving a fair proportion for public parks. Very few even of our Public Schools have any adequate provision in the way of grounds for out-door exercise and recreation. Baltimore should profit by the experience of other cities, and not be deprived of her natural advantages by delay and inaction.

EDWARD M. SCHAEFFER, *Chairman*,
WILLIAM H. WELCH,
JOHN MORRIS,
GEORGE H. ROHE.
JNO. D. BLAKE.
JAMES F. MCSHANE.

REPORT OF THE NURSES' DIRECTORY.

Mr. President and Gentlemen:

During the past year there have been registered 35 nurses; previous to this year there were 34 on the list, making in all 69. Of these 56 are female and 13 male. With very few exceptions these are all graduate nurses. Twelve of this number are qualified to give massage. During the year 85 nurses have been engaged through the Directory. The total receipts from the Directory, including both registration and engagement fees, amounted to $122; disbursements (sending for nurses, messenger service, etc.), $49.21; net profit, $76.79. The average net

profit to the Faculty for sending out a nurse is about 50 cents. Comparing these figures with the past four years, it will be seen that in 1893 the net profit from the Directory was $120.58; in 1894, $83.05; in 1895, $71.30; in 1896, $53.82.

The Directory was started about fifteen years ago and had a threefold object. In the first place, it was a convenience to the profession; second, it was almost necessary for the nurses; and third, it was thought that it would bring in a substantial revenue to the Faculty. For a certain number of years the first two of these objects were attained. As to the third, the Directory cannot be said ever to have been profitable. While this latter statement may apply to the whole period of the Directory's existence, it has peculiar force now. Our library is rapidly increasing in size and importance, and requires all the Librarian's time and attention. The small net return from the Directory in no way compensates for the very considerable demands upon the Librarian's time. Again, the returns from the Directory are not sufficient to pay an assistant to look after the work. It might be said that the Directory has not received the care that should have been bestowed upon it. During the past year the work has been vigorously pushed. One thousand notices were sent to the physicians in the City and State, calling attention to the fact that we were able to supply trained nurses on the shortest notice, free of all charge, the nurse paying the fee. For the first six months the Hall was opened all day and arrangements made for obtaining nurses at the home of the Librarian after library hours. For the past six months there has been some one in the house at all times who could give directions concerning the Directory. We have telephone and messenger service, we have tried to arrange with the Nurses' Homes to co-operate with us, and

yet after all these exertions the net returns have been but $76.79! and there have been but 85 calls.

The explanation of this is not difficult to find. The various Training Schools and Nurses Homes can do this work better than the Directory. A conversation with one of the most prominent surgeons developed the fact that it was far more feasible for him to engage his nurses directly from the Home, since he could communicate by telephone directly with the nurse, and thus save time and trouble. One of the most prominent of the general practitioners of the city said the same thing. Thus it will be seen that there is no longer any need for the Directory either on the part of the physicians or the nurses, and that the returns in money by no means compensate for the Librarian's time. In view of these facts the Committee strongly recommends the discontinuance of the Directory.

All of which is respectfully submitted.

George J. Preston,
William Osler,
T. A. Ashby,
Harry Friedenwald,
S. K. Merrick.

REPORT OF COMMITTEE ON PREVENTABLE BLINDNESS.

Your committee beg to report that in their opinion the legislation which your previous committee was instrumental in having passed, has been productive of much good. During the past year there have been two convictions of midwives for violation of this law. Attention was called

to each case by the daily papers and by the Maryland Medical Journal, with the result that individuals are now generally cognizant of the law and very generally obey its provisions.

At the largest dispensary in the city for the treatment of eye diseases, in each case of ophthalmia neonatorum, careful inquiries are made as to whether the accouchement was in the hands of a midwife or a physician, and in every case of the former, since the above convictions, it has been found that the midwife has promptly had the case sent to a physician or dispensary in accordance with the provisions of the law and thereby it is believed many cases of blindness have been prevented.

These two convictions were brought about largely by the active aid of Dr. Fulton, Secretary of the State Board of Health, and the Committee desires here to express its thanks to that officer. It is further urged that all physicians, particularly those connected with dispensaries make it a rule in all cases of ophthalmia neonatorum to make careful inquiries and to report all such cases to the Secretary of the State Board of Health, or to the Health Commissioner. Finally, it is advised that a similar Committee be appointed at least a few years longer as a regular Committee of this faculty, and that one of the duties of this Committee shall be to urge upon the Health Committee the importance of sending at stated intervals to each midwife a notice similar to the one sent last year.

Respectfully submitted,

HERBERT HARLAN,
EDWARD J. BERNSTEIN,
GEORGE A. FLEMING,
JAMES F. MCSHANE.

COMMITTEE ON LEGISLATION.

Mr. President and Gentlemen:

The Committee on Legislation have to report that no special work has been effected in the past year owing to the Legislature not having been in session; but at the same time beg leave to offer the following resolutions, and respectfully ask that they be referred to the Committee on Legislation for the ensuing year. "Inasmuch as it is impossible for the insane under County care to receive that efficient attention and treatment which is expected of well equipped State institutions; and further, as the various States of this Union are enacting legislation to provide State care for their insane; therefore, be it resolved that the Committee on Legislation be requested to bring the matter to the attention of the Legislature of this State, and to use all means to bring about such legislation. And, be it further resolved that the aforesaid Committee shall endeavor to have the present "Lunacy Act" of this State so amended as to require certificates of two physicians, under oath, stating the nature of the mental trouble and the grounds for the commitment of the insane person to an institution for the treatment of the insane."

We further recommend an amendment to the law to regulate the practice of medicine, making the necessary time for a student to pursue the study of medicine four instead of three years; also that the Secretary to the Board of Examiners, or his assistant, shall reside in Baltimore.

WILLIAM LEE, *Chairman.*
SAMUEL T. EARLE, JR.
A. BIRNIE.
JOHN D. BLAKE.

REPORT OF COMMITTEE ON AMENDMENT OF THE LUNACY LAWS.

Mr. President and Gentlemen:

The Committee on Amendment of the Lunacy Laws having held a meeting, in conjunction with the Committee of the Baltimore Neurological Society, desires to report to the Faculty that it has examined the amendments presented to the Legislature at the session of 1896, which were passed by the Senate and which passed two readings of the House of Delegates, and provisionally gives its approval to the same. The Committee requests the Faculty to refer to it, in conjunction with the Committee on Legislation, such further matters relating to this subject as may have been presented to the Faculty, or that may be so presented, and that a report of the findings and recommendations of the joint Committee be presented to the Faculty at its next semi-annual meeting.

GEORGE R. ROHE,
Chairman, pro tempore.

REPORT FROM BOOK AND JOURNAL CLUB.

BALTIMORE, April 27th, 1897.

To the President and Members of the Medical and Chirurgical Faculty:

The Book and Journal Club was organized early in 1896. During the year 1896 there were 103 subscribers, contributing $515. This was disbursed in the following manner:

For English and American books	$236 22
" books in foreign languages	67 19
" journals	158 28
" binding	12 75
" printing	15 10
" sundries	7 89
Balance	17 57
	$515 00

During the present year, beginning January 1st, 1897, the number of subscribers has increased considerably over that of the past year; 106 members have contributed $530 up to the present date. Of this amount there has been spent:

For American and English books		$ 97 52
" foreign books		108 42
" journals		297 25
" printing		12 55
" stamps and sundries		12 81
		$528 55
For journals, bills as yet unpaid	$ 7 80	
" foreign books	32 61	40 41
Total		$568 96

The members of the club may therefore be very proud of the fact that within little more than a year they have placed on the shelves of the library books to the amount of $541.96 and journals to the amount of $463.33, thus increasing the library to the extent of $1,005.29.

Respectfully submitted,

HARRY FRIEDENWALD,
Secretary-Treasurer.

REPORT OF THE FRICK COMMITTEE.

Amount of money originally received from the Messrs. Frick	$1000 00
January 5th, 1897, received from Mr. Reverdy Johnson	100 00
January 17th, 1897, received from Mr. W. F. Frick	500 00
Total	$1600 00

The following payments have been made as per accounts appended, making in all $1129.58, and leaving a balance in hand of $470.42.

Sets of the various Centralblatte, the Fortschritte d. Med., the Pathological Society's Transactions of London, sets of the London Hospital Reports, and the numbers wanting of the Transactions of the Clinical Society and of the Royal Medico-Chirurgical Society have been ordered, but have not yet arrived.

WM. OSLER, *Chairman.*

RULES FOR THE GOVERNMENT OF THE LIBRARY.

Adopted May 9th and 12th, 1892.

I. The Librarian or Assistant Librarian shall attend in the Library Rooms daily, except Sunday and legal holidays, from 10 o'clock A. M. until 7 o'clock P. M., during which hours only books and journals may be taken from the Library.

II. Each member of the Faculty, paying the annual dues, shall be entitled to take out at one time, four volumes duodecimo, two volumes octavo, one volume quarto or one volume folio. This rule may be suspended by the written order of three members of the Library Committee.

III. City members retaining books longer than *two weeks* and county members longer than *four weeks*, shall be subject to a fine of two cents per day for each day thereafter and two cents for each mailed notice. Such fines shall be appropriated exclusively for the benefit of the Library.

IV. No book shall be delivered to a member unless in person or to his written order. A member receiving a book shall be held responsible for it from the time of its delivery until its return to the Library.

V. A member not returning a book or books belonging to the Library within four weeks after the date of receiving them, shall be notified *by the Librarian* that he is incurring a fine; and if they be not returned within three

months, in the absence of satisfactory reasons therefor, the Librarian shall recover them, or, if they be lost, their value in behalf of the Faculty; otherwise the defaulting member shall forfeit the privileges of the Library, and shall be reported at the next annual convention of the Faculty, by the Library Committee. Should any book be injured or defaced while in the possession of a member, he shall be fined at the discretion of the Library Committee, or, at his option, may furnish such a copy of the same work as shall be acceptable to the Committee.

VI. If any member, upon returning a book, shall find that there has been no application for it while in his possession, he may take it again for the time allowed in Rule III, but may not take it out a third time until after the expiration of one week succeeding its return to the Library. New books may not be taken by members for more than one term of two weeks until after the expiration of one additional week after their return.

VII. Members are not entitled to receive books from the Library until all arrearages for fines are paid. Fines may be remitted or reduced, for just and sufficient reasons, by the Library Committee.

VIII. The Librarian shall appropriately number and stamp the books, pamphlets and periodicals, and place them in proper order on the shelves. He shall obtain and keep a correct list of the members paying the annual dues. He shall record, in a book kept for that purpose, the names of members who receive books from the Library, the titles and sizes of the books, the time of their delivery and of their return. He shall continue the catalogue of the books, pamphlets, periodicals, etc.; keep an account of all moneys received by him for fines, contributions, sales, etc.; which moneys he shall pay into the hands of the Chairman of the Library Committee on the last week day

of each month. He shall report during the last week in March of each year to the Library Committee, a statement of such donations of money or of books as may have been made to the Library, with the names of the donors, as well as of such books, pamphlets, periodicals or of other valuable matter as may have come into the possession of the Library by purchase, exchange, or otherwise. He shall keep a record of all books, periodicals, etc., upon the subscription list of the Library Committee, shall keep due record of their receipt at the proper time, and shall report to the Library Committee the non-receipt of any when overdue. He shall keep on file applications for such books as may have been let out of the Library, and make any suggestion to the Committee he may deem necessary.

IX. Under no circumstances will members be permitted to remove new books, new journals, or other recently received matter, before such time as the Library Committee shall determine.

X. Scarce and valuable books, which would be difficult to replace, shall not be removed from the Library rooms without the approbation of two members of the Library Committee.

XI. The Librarian is empowered to sell or exchange duplicate books, journals, etc., upon such terms as may appear advantageous, upon the approval of the Library Committee.

XII. No unbound journals are to be taken out of the Library. New books are to be retained on the shelves for three months before they can circulate.

LIST OF PRESIDENTS—1799–1897.

Upton Scott—1799–1801.
Philip Thomas—1801–15.
Ennals Martin—1815–20.
Robert Moore—1820–26.
Robert Goldsborough—1826–36.
Maxwell McDowell—1836–41.
Joel Hopkins—1841–48.
Richard C. Steuart—1848–51.
William W. Handy—1851–52.
Michael S. Baer—1852–53.
John L. Yates—1853–54.
John Fonerden—1854–55.
Jacob Baer—1855–56.
Christopher C. Cox—1856–57.
Joshua I. Cohen—1857–58.
Joel Hopkins—1858–59.
Geo. C. M. Roberts—1859–70.
John R. W. Dunbar—1870.
Nathan R. Smith—1870–72.
P. C. Williams—1872–73.
Charles H. Ohr—1873–74.
Henry M. Wilson—1874–75.
John F. Monmonier—1875–76.
Christopher Johnston—1876–77.
Abram B. Arnold—1877–78.
Samuel P. Smith—1878–79.
Samuel C. Chew—1879–80.
H. P. C. Wilson—1880–81.

FRANK DONALDSON—1881–82.
WILLIAM M. KEMP—1882–83.
RICHARD MCSHERRY—1883–84.
JOHN R. QUINAN—1885–86.
GEORGE W. MILTENBERGER—1886–87.
I. EDMONDSON ATKINSON—1887–88.
JOHN MORRIS—1888–89.
AARON FRIEDENWALD—1889–90.
THOMAS A. ASHBY—1890–91.
WM. H. WELCH—1891–92.
L. MCLANE TIFFANY—1892–93.
GEORGE H. ROHE—1893–94.
ROBERT W. JOHNSON—1894–95.
*J. EDWIN MICHAEL—1895–96.
CHAS. G. HILL—Dec. 95–May, 96.
WILLIAM OSLER—1896–97.

* Died December 14, 1896.

LIST OF VICE-PRESIDENTS.

1799–1848—.....
1848–51—JOHN READEL, JACOB BAER, P. WROTH.
1851–52—.....
1852–53—.....
1853–54—JOHN FONERDEN, ALBERT RITCHIE, P. WROTH.
1854–55—GEO. C. M. ROBERTS.....
1855–56—GEO. C. M. ROBERTS, G. W. MILTENBERGER, M. DIFFENDERFER.
1856–57—P. WROTH, WM. H. DAVIS, SAMUEL SMITH.
1857–58—WM. WATERS, FREDERICK DORSEY, JOEL HOPKINS.
1858–59—SAMUEL CHEW, STEPHEN N. C. WHITE, SAMUEL K. HANDY.
1859–60—JOHN W. R. DUNBAR, SAMUEL CHEW, WM. M. KEMP.
1860–71—.....
1871–72—C. H. OHR, EDWARD WARREN, RICHARD MCSHERRY.
1872–73—.....
1873–74—S. C. CHEW, H. M. WILSON, A. B. ARNOLD.
1874–75—FRANCIS T. MILES, JAS. A. STEUART, D. A. O'DONNELL.
1875–76—CHRISTOPHER JOHNSTON, A. B. ARNOLD, J. C. THOMAS.
1876–77—P. C. WILLIAMS, JAS. A. STEUART, FRANCIS T. MILES.
1877–78—S. C. CHEW, F. E. CHATARD, CHAS. H. JONES.
1878–79—JAS. C. THOMAS, L. MCLANE TIFFANY.
1879–80—H. P. C. WILSON, JAS. A. STEUART.

1880–81—L. McLane Tiffany, G. Ellis Porter.
1881–82—A. H. Bayly, I. E. Atkinson.
1882–83—Thomas S. Latimer, Richard McSherry.
1883–84—W. Stump Forwood, J. S. Lynch.
1884–85—John R. Quinan, I. E. Atkinson.
1885–86—E. C. Baldwin, J. E. Michael.
1886–87—Thos. Opie, Richard Gundry.
1887–88—Chas. H. Jones, Jas. Carey Thomas.
1888–89—J. E. Michael, Thos. P. Evans.
1889–90—T. A. Ashby, C. G. W. MacGill.
1890–91—Geo. H. Rohe, J. McPherson Scott.
1891–92—J. W. Humrichouse, David Street.
1892–93—J. W. Downey, J. W. Chambers.
1893–94—John D. Blake, John S. Fulton.
1894–95—Chas. H. Jones, W. M. Nihiser.
1895–96—Chas. G. Hill, Clotworthy Birnie.
1896–97—Wilmer Brinton, Randolph Winslow.

The list of Vice-Presidents exposes the incompleteness of our records. It is earnestly hoped that all members of the Faculty who possess or may discover records of election or lists of officers for any year from 1799-1848, 1851-58, 1860-71, or 1872-73 will communicate such information to the Recording Secretary.

ACTIVE MEMBERS—1897.

* Deceased during the year.

† Three years in arrears for dues, and will hereafter be dropped.

Abel, John J., 1604 Bolton St., Baltimore.
Abercrombie, John R., 827 N. Eutaw St., Baltimore.
Adams, James F., U. S. Marine Hospital, Baltimore.
Algire, Harry C., 516 5th Ave., N. Hampden, Md.
Ames, Delano, 108 E. Preston St., Baltimore.
Anderson, Charles L. G., Hagerstown, Md.
Anderson, Edward, Rockville, Md.
Andre, J. Ridgeway, 1123 E. Baltimore St., Baltimore.
Archer, W. S., Belair, Md.
Aronsohn, T. Abraham, 1601 Linden Ave., Baltimore.
Ashby, Thomas A., 1125 Madison Ave., Baltimore.
Atkinson, A. Duval, 609 Cathedral St., Baltimore.
Atkinson, G. T., Crisfield, Md.
Atkinson, I. E., 609 Cathedral St., Baltimore.
Baldwin, Ed. C., 304 N. Exeter St., Baltimore.
Baltzell, Wm. H., Frederick, Md.
Barker, Lewellys F., Johns Hopkins Hospital, Baltimore.
Barnes, Wm. M., 1525 W. Lanvale St., Baltimore.
Barton, H. R., Easton, Md.
Batchelor, Kemp B., 1807 N. Charles St., Baltimore.
Bateman, J. N. H., Easton, Md.
Bates, J. W. P., 1020 E. Baltimore St., Baltimore.
Baxley, Henry M., 651 W. Lexington St., Baltimore.
Beckley, E. L., Middletown, Md.
Belt, Alfred M., 1031 Cathedral St., Baltimore.
Belt, S. J., 314 N. Exeter St., Baltimore.
Bennett, James Bates, 23 S. Broadway, Baltimore.
Bennum, Charles H., Girdletree, Md.

Benson, B. R., Cockeysville, Md.
Benson, James E., Cockeysville, Md.
Berkley, Harry J., 1303 Park Ave., Baltimore.
Bernstein, Ed. J., 800 Madison Ave., Baltimore.
Bevan, C. Fred., 807 Cathedral St., Baltimore.
Biedler, H. H., 119 W. Saratoga St., Baltimore.
Billingslea, James H., Westminster, Md.
Billingslea, M. B., 1206 E. Preston St., Baltimore.
Birnie, Clotworthy, Taneytown, Md.
Bishop, E. Tracy, Smithsburg, Md.
Bishop, John S., 1627 McCulloh St., Baltimore.
Blaisdell, W. S., Punxsutawney, Pa.
Blake, John D., 602 S. Paca St., Baltimore.
Bloodgood, J. C., Johns Hopkins Hospital, Baltimore.
Blum, Joseph, 1816 Madison Ave., Baltimore.
Bolgiano, Walton, 2020 N. Charles St., Baltimore.
Bombaugh, Charles C., 836 Park Ave., Baltimore.
Bond, A. Kerr, 889 Park Ave., Baltimore.
Bond, S. B., 23 W. Chase St., Baltimore.
Bolton, John H., 1120 N. Gay St., Baltimore.
Booker, W. D., 853 Park Ave., Baltimore.
Bordley, James, Centreville, Md.
Bosley, James, 1100 W. Lanvale St., Baltimore.
Bowie, H. S., 811 N. Eutaw St., Baltimore.
Brack, Charles Emil, Jr., 21st St. and Greenmount Ave., Baltimore.
Branham, J. H., 538 N. Arlington Ave., Baltimore.
Brawner, J. B., Emmittsburg, Md.
Brayshaw, Thomas H., Glenburnie, Md.
Bressler, Frank C., 1713 Bank St., Baltimore.
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THE SIXTEENTH ANNUAL SESSION

OF THE

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OF BALTIMORE

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The Twenty-fifth Annual Session of this College will open October 1, 1897.

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OF THE

Medical and Chirurgical Faculty

OF THE

STATE OF MARYLAND.

ONE HUNDREDTH ANNUAL SESSION

HELD AT

BALTIMORE, MD., APRIL, 1898,

ALSO

SEMI-ANNUAL SESSION, HELD AT OCEAN CITY, MD

September, 1897.

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1st. Write on one side of paper only.

2nd. Write without breaks, *i. e.*, do not begin a new sentence on a new line; when you want to begin a new paragraph, begin in the middle of the line.

3rd. Draw a line along the margin of such paragraphs as should be printed in smaller type—for instance, all that is clinical history in reports of cases, or that which is quoted, etc.

4th. Words to be printed in *italics* should be underscored once; in SMALL CAPITALS twice; in LARGE CAPITALS three times.

5th. Proofs sent for revision should be returned without delay; authors who contemplate a temporary absence from their regular residence any time during the summer, should notify the Recording Secretary, thus avoiding vexatious delays in the delivery of proof.

6th. Alterations in manuscript should be limited to what is of essential importance, they are equivalent to resetting, and cause additional expense; such changes, if they exceed half a page of printed matter, as also all wood cuts, photographs and electrotypes, are invariably to be paid for by authors.

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SEMI-ANNUAL MEETING.

OCEAN CITY, MD., Sept. 15th, 1897.

The Semi-annual Meeting of the Medical and Chirurgical Faculty was held at Ocean City, on Wednesday and Thursday, Sept. 15th and 16th, 1897.

There was a fair representation from the City and but few from the Counties, in all about 80 members were present.

The Meeting was called to order by the President, Dr. Chas. M. Ellis, at 10.15 A. M., Wednesday.

The Secretary presented a letter from Dr. Taneyhill requesting the adoption of the following resolutions; 1st. To strike out the word "lost" on page 14 of the Minutes of 1896-97, after Dr. Taneyhill's motion about the appointment of a Committee to revise the Constitution, and, 2nd. Resolved that, at the request of the Chairman, the consideration of the report of the Committee to revise and codify the Constitution and By-Laws, be deferred to a special meeting to be held in Baltimore, to be called by the President upon notice by the Committee of the completion of their work.

Both resolutions were adopted.

The Secretary then presented a letter from the Md. State Pharmaceutical Association, and upon motion the delegates from that Society were received and accorded the privileges of the floor.

Then followed the reading of the papers.

Dr. Julius Friedenwald read his paper upon "Some Interesting Cases of Dilatation of the Stomach, with Exhibition

of Specimens." This was discussed by Drs. Hemmeter and Blake.

Dr. Thomas A. Ashby spoke about "The Importance of Early Diagnosis in Malignant Disease of the Uterus." Dr. T. S. Cullen followed with a paper upon "The Early Recognition of Carcinoma of the Uterus from a Histological Standpoint." The two papers were discussed by Drs. B. B. Browne and L. E. Neale.

Dr. Herbert Harlan read his paper entitled "A Case of Diphtheria of the Conjunctiva and Pharynx occurring in a Patient with a Chronic Pseudo-membranous Conjunctivitis." Discussed by Drs. Reik and Stokes.

Drs. W. R. Stokes and W. J. Messick read a paper and showed Specimens from a Case of Human Glanders. Discussion by Drs. Ellis, Fulton and Osler.

Dr. C. F. Bevan read about "Extra-genital Lesions of Syphilis," which was discussed by Drs. Blake, Osler and C. G. Hill.

Dr. Theodore Cooke, Jr., exhibited some beautiful Skiagraphs.

Dr. J. B. R. Purnell presented a Report on some Medical and Surgical Cases.

The meeting then adjourned.

Afternoon Session.

The Meeting was called to order by the President, Dr. Ellis, at 4.10 P. M.

The minutes of the morning session were read by the Secretary and approved.

Dr. Wm. Osler read a paper upon Hemorrhage from the Bowels in Typhoid Fever. Discussed by Drs. Anderson, Cullen, Neff and Hemmeter.

"Hernia of the Ovary, with a Report of Two Cases cured by Laparotomy," was the title of Dr. B. B. Browne's paper. This was discussed by Dr. Ashby.

Dr. W. S. Gardner spoke about "The Treatment of Large Collections of Pus in the Pelvis," which was discussed by Drs. Cullen, Watson and Browne.

A paper upon "The Hygienic Advantages of Maryland's Sea Coast" was read by Dr. E. J. Derickson, and Dr. J. S. Fulton followed with one "Concerning the Sanitation of Seaside Resorts."

The society then adjourned.

Evening Session.

An evening session was held at 8.10 o'clock. The meeting was called to order by the President.

Dr. Wm. Lee read his paper, "Observations on some of the Supposed Causes of Insanity." Dr. Chas. G. Hill gave his views upon "The Stomach as a Factor in Nervous and Mental Diseases." These papers were discussed by Drs. Brush and Hemmeter.

The society then adjourned to partake of a collation, tendered to them by the citizens of Ocean City, at the Atlantic Hotel.

Morning Session, Thursday, Sept. 16th, 1897.

The meeting was called to order by the President, at 10 A. M.

Dr. Hiram Woods, Jr., read his paper upon "The Recent Examination of the Eyes among Baltimore Public School Children." Discussion by Drs. Fort, Earle and Blake.

"The Application of Hydraulic Pressure in Genito-urinary Surgery, with a Special Reference to Treatment of Contracture of the Bladder" was the title of Dr. Young's paper. Discussed by Drs. Cullen and Blake.

Dr. J. C. Hemmeter read a paper upon "The Clinical Aspect of Operations on the Stomach."

Dr. E. N. Brush reported "An Analysis of 100 Cases of Acute Melancholia."

Dr. W. A. F. Kemp presented a paper upon "A Case of Subphrenic Abscess." Discussed by Dr. Hemmeter.

Dr. Theodore Cooke, Jr., gave a paper on "Scurvy, (Scorbutes,) with a Report of 5 Cases, 3 in Infants and 2 in Adults." Discussed by Dr. Ellis.

After resolutions of thanks to Mrs. Shreeve and to the Citizens of Ocean City for the kind treatment and hospitality extended the members of the Faculty, the meeting adjourned.

SPECIAL MEETING.

A special meeting of the Medical and Chirurgical Faculty was held at the Hall of the Faculty on Wednesday, December 15th, 1897. The President, Dr. Ellis, presided. The meeting was called to order at 8.45 P. M. The President stated that this meeting had been called, in pursuance of a petition signed by the required number of gentlemen, for the purpose of considering certain proposed amendments to the Medical Practice Act.

The President called upon Dr. Earle, the Chairman of the Committee of the Associated Medical Colleges of Maryland (with the exception of the Woman's Medical College), to explain the amendments deemed necessary for the improvement of the Laws already existing. The Secretary read the Laws already existing and the proposed amendments, after which, Dr. Earle gave the reasons of the Committee for the proposed changes. After considerable discussion, the first amendment was put to the vote of the Faculty and was lost. A motion to adjourn was called for and carried.

MINUTES OF THE ANNUAL SESSION.

MORNING SESSION, Tuesday, April 26th, 1898.

The One-hundredth Annual Meeting of the Medical and Chirurgical Faculty was called to order by the President, Dr. Charles M. Ellis, at 12.55 P. M.

The President called the attention of the Society to the fact that up to the present time about one-half of the amount needed to enable the Faculty to become clear of debt had been secured, and that he desired some method to be proposed at this meeting which would accomplish that end.

The Secretary then read the minutes of the previous meetings, which were approved.

The applications for membership, amounting to 52, were read and ordered to be posted upon the board.

The President informed the Society of the difficulties attended with the issuing of the Diplomas; that for the past 2 or 3 years none had been distributed, and in consequence considerable dissatisfaction had arisen.

Dr. Wm. H. Welch moved that the Secretary and President be empowered to sign the Diplomas and that the Secretary be authorized to sign the names of the members of the Examining Board; if however, Members of the said Board are present, they may sign their names. Motion was seconded by Dr. Mitnick, and was carried.

Then followed the regular programme.

Dr. J. B. R. Purnell read his paper entitled "School Desk, Eyesight, etc. Cases in practice, Alcohol and the Gastric Secretions."

Dr. Edward Anderson spoke upon "The Antiseptic or Germicidal Treatment of Disease."

Dr. Walter B. Platt read a paper upon "35 Cases of Hip Joint Disease treated at the Robert Garrett Hospital for Children," with exhibition of cases. This paper was discussed by Drs. Anderson and J. C. Harris.

In the absence of the other gentlemen who were upon the programme, the Society adjourned at 2 P. M.

EVENING SESSION, Tuesday, April 26th, 1898.

The meeting was called to order at 8.30 P. M. by the President, Dr. C. M. Ellis.

The Secretary read the minutes of the day session and they were approved.

Dr. Ellis then delivered the President's Address, taking for his subject "The Country Doctor."

Dr. Earle moved a vote of thanks to the President for his able, interesting and scholarly address and a request that it be published in the proceedings of the Faculty and also that it be printed in pamphlet form for distribution to the profession throughout the State.

The motion was seconded, and when put before the meeting by Dr. H. A. Kelly, was unanimously adopted.

Dr. W. S. Gardner read a paper on "The Vaginal Operation for Extra-uterine Pregnancy." It was discussed by Dr. Kelly.

Dr. Thomas S. Cullen exhibited drawings demonstrating "The Pathology of Endometritis." Drs. Kelly, Welch and Browne took part in the discussion.

Dr. W. W. Russell presented a paper on "The Treatment of Tuberculosis of the Uterus and Fallopian Tubes."

Dr. H. A. Kelly gave a talk on "The Treatment of Fibroid Uteri," with exhibition of specimens.

Dr. B. B. Browne read a paper on "The Removal of Sub-mucous and Intra-uterine Fibroid Tumors by Enucleation and Traction."

Dr. C. W. Hartwig's application for membership was presented.

The meeting then adjourned.

MORNING SESSION, Wednesday, April 27th, 1898.

The Faculty was called to order by the President at 12.25 P. M.

The minutes of the last evening's session were read and approved.

The candidates for membership were elected. Then followed the regular programme.

The following papers were read:

"Interstitial Pneumonia." Dr. Jackson Piper.

"State Sanitaria as a Means to Diminish the Spread of Tuberculosis." Dr. Jos. E. Gichner.

"A Year's Work in the Preventive Treatment of Rabies." Dr. John Ruhrah.

"Facial Paralysis, a Study of Eighty Odd Cases." Dr. Henry M. Thomas.

"Report on One Hundred and Fifty Cases of Cancer of the Stomach in the Medical Wards of Johns Hopkins Hospital." Dr. Thomas McRae.

"Latent Cancer of the Stomach." Dr. Julius Friedenwald.

"The Pathogenesis and Treatment of Gastric Hyperacidity." Dr. Jno. C. Hemmeter.

The President introduced Dr. S. Thomas Day, of Port Norris, New Jersey, a delegate from the New Jersey State Medical Society to this Faculty, and he was granted the privileges of the Society.

The following names were proposed for membership: Rollin P. Collins, T. B. Hall, Arthur P. Herring, T. A. J. Holloway, T. B. Johnson, John Norfolk Morris, Geo. T. Motter, J. W. Steeves, Wm. Franklin Taylor.

The meeting then adjourned.

EVENING SESSION, Wednesday, April 27th, 1898.

Written reports were presented by the Chairmen of all the regular Committees, except that on Memorials, which asked for more time, and all the reports were referred to the Publication Committee.

Dr. Robert T. Wilson moved a vote of thanks to the Book and Journal Club for the good work they had done in assisting the Faculty Library. The motion was unanimously adopted.

In considering the report of the State Licensing Board, Dr. Morris moved the special thanks of the Faculty to this Committee for its full, faithful and comprehensive report. The motion was seconded by Dr. Taneyhill and, after some discussion, was unanimously adopted.

Under the head of unfinished business, Dr. Taneyhill reporting for the Committee in charge of the Revision of the Constitution, offered as a motion, that the Committee be allowed an extension of time to complete their work and to report to the President, when ready, who will call a special meeting for the consideration of the subject. The motion was adopted.

[The manuscript of the Report of Memoir Committee not being available in time for publication, the same will be printed in the TRANSACTIONS of 1899.]

New Business.

Dr. E. N. Brush: Mr. President, I think all who had the pleasure of listening to your address last evening were impressed with the suggestions there made, and in order to put them in form I move that the Chair appoint a Committee, of which he shall be chairman, to report at the semi-annual meeting such measures as it shall deem necessary to put into practical working order such of the suggestions as they may see fit.

The motion was seconded by Dr. Earle and adopted.

Dr. W. S. Gardner: I should like to make a suggestion to the new Executive Committee. I understand that the county members here at this meeting are scattered at the hotels all over the city and things are not as pleasant for them as they might be. I therefore suggest that the Committee be asked to look after that next year, select some place as headquarters, and if possible, secure special rates for these gentlemen.

The suggestion was adopted by unanimous vote.

The election of officers resulted in the choice of the following:

For President, Dr. S. C. Chew; Vice-Presidents, Dr. Mary Sherwood and Dr. J. McP. Scott; Recording Secretary, Dr. J. Williams Lord; Assistant Secretary, Dr. Robert T. Wilson; Corresponding Secretary, Dr. W. Guy Townsend; Reporting Secretary, Dr. H. O. Reik; Treasurer, Dr. Thomas A. Ashby; Trustee, Dr. I. E. Atkinson; Executive Committee, William Osler, William H. Welch, L. McLane Tiffany and Robert W. Johnson; Examining Board for the Western Shore, John Neff, Delano Ames, Aaron Friedenwald, J. Tyler Smith, Wm. Green, R. B. Norment; Examining Board for Eastern Shore, James H. Stevens, John H. Jamar, J. M. H. Bateman, B. W. Goldsborough, W. F. Hines.

MORNING SESSION, Thursday, April 28th, 1898.

The Faculty was called to order by the President, at 12.45 P. M.

Minutes of the preceding meeting were read and approved.

The candidates for membership were elected, viz.:

Rollin P. Collins, T. B. Hall, Arthur P. Herring, T. A. J. Holloway, John Norfolk Morris, George T. Motter, J. W. Steeves, Wm. Franklin Taylor, T. B. Johnson, José Lewis Hirsh, Thomas P. Lloyd, Edw. Lindon Mellus, L. G. Taylor, James A. Woodward, W. B. Wolf.

The following gentlemen were proposed for membership:

Josiah L. Bowen, Frank Coral Eldred, John H. Hessey, W. B. Perry, Harry Elmer Peterman.

Dr. John Ruhrah was elected Curator.

Dr. Harry Friedenwald showed a patient upon whom he had operated for removal of the "Ossicles for Chronic Purulent Otitis Media."

Dr. John W. Chambers reported "A Case of Stab Wound of Abdomen," with exhibition of patient. Discussed by Dr. John Morris.

Dr. Joseph C. Bloodgood read his paper upon the "Transplantation of the Rectus Muscle in Operations for the Cure of Certain Cases of Hernia."

Dr. Samuel T. Earle, Jr., read a paper entitled "Some Remarks on Rectal Medication by means of Collapsible Tubes," and showed an Electric Light for Rectal Work.

Dr. Harry Friedenwald's paper was read by title.

Dr. Hugh H. Young read a paper upon "A Bacteriological Study of Cystitis and Urinary Infections." A preliminary Report. Discussed by Dr. Canfield.

Dr. Hiram Woods, Jr., read his paper, "A Case of Congenital Purulent Ophthalmia with Sloughed Cornea. Some Remarks upon Prophylaxis and Treatment of the Disease."

The meeting then adjourned.

EVENING SESSION, THURSDAY, April 28, 1898,

The Faculty was called to order at 8.45 P. M. by the President, Dr. Chas. M. Ellis. The orator of the evening, Dr. W. T. Councilman, Professor of Pathology at the Harvard University, was introduced by the President in a few well-chosen remarks. Prof. Councilman delivered an interesting and able address on "Cerebro Spinal Meningitis."

Dr. Wm. H. Welch made the following remarks: "I am sure we have all been very much instructed by Dr. Councilman's address, and appreciate this presentation of his characteristically careful and interesting investigations. I am confident his studies of this subject will take rank among the most important and scientific that we possess. He has attributed part of his success to the inspiration received from this Faculty, and I am sure we can feel gratified that he has carried his intellectual torch for the enlightenment of our New England friends. I take great pleasure in offering a vote of thanks to him for this address, and request that a copy be given the Faculty for publication in the Transactions." Carried unanimously.

Dr. Wm. Osler suggested that, in order to pay off the remaining debt on the Faculty's building, the members of the Faculty should raise the money by individual gifts,

so that we could be free of debt in our Centennial year. Continuing, he said: "Many of you may call to mind that shortly after our meeting of last year a circular was issued asking for subscriptions to pay off the debt on this building. A very small sum was asked for; the amount is only $7000, and Dr. Ashby has told me that already $4300 have been promised. He suggests that the balance should be subscribed this evening. It is surely a very small sum to raise. You will remember that we asked in that circular for subscriptions of $200, $100, $50, $25, $10, and $5 in three (3) annual payments. I am sorry to say there were only two or three members to promise $200, several $100, others $50, $10, $5, but the total amount subscribed to date comes from only twenty or twenty-five members. The Executive Committee and the Centennial Committee of the Faculty have a very special reason for asking that this debt be wiped out before the next annual meeting of the Faculty. They intend to go then to the citizens of Baltimore and ask for money to put the Faculty on a satisfactory basis. If you go to New York, Philadelphia or Chicago, you will find the profession have a suitable and well-equipped home. Our present home is an advance on our old quarters, but it does not represent suitable quarters for the profession of a city of 500,000 inhabitants. We need a new building and an endowment fund for the Library; and what we need, Mr. President, we can get with the concerted action on the part of the profession and our friends. Several members have slips of paper in hand, and I think they might put down whatever amount they feel that they can give, and in that way this exceedingly trifling amount can be raised to-night."

The following candidates were proposed for member ship, to be voted on Friday, April 29th:

Alfred Thomas Gundry, Alexius McGlannon, John Turner, Jr., Bernard Purcell Muse, Walter P. Smith.

Dr. A. B. Price, of Frostburg, Md., was received as a delegate from the George's Creek Medical Society.

Adjournment.

DAY SESSION, Friday April 29th, 1898.

The meeting was called to order at 12.45 P. M. The minutes of the previous meeting were read and adopted.

The following papers were read:

"On the Importance of Early Recognition of Enlargements of the Pharyngeal Tonsil." Dr. F. D. Sanger. Discussed by Dr. Osler.

"A further Study of the Use of Formaldehyde in Sterilizing Instruments." Dr. H. O. Reik. Discussed by Drs. Green and Stokes.

"Free Leucocytic Granules in the Blood and their Reaction to Various Stains." Drs. W. R. Stokes and Arthur Wegefarth.

Dr. Fulton offered a vote of thanks to the President for the able and excellent manner in which he had conducted the meetings of the Faculty. The question was put to the house by the Vice-President, Dr. W. F. A. Kemp, and unanimously adopted.

The president, in accepting the vote of thanks, announced his special thanks to the secretaries for their assistance.

Adjournment.

J. WILLIAMS LORD,
Recording Secretary.

NEWLY ELECTED MEMBERS.

THE FOLLOWING GENTLEMEN WERE ELECTED TO ACTIVE MEMBERSHIP AT THE ANNUAL MEETING OF APRIL, 1898.

ADLER, HARRY
ANNAN, ROBT. LEWIS
BLAKE, CHAS. F.
BOWEN, JOSIAH S.
BRATTON, HOWARD
BROOKE, CHAS. H.
BROWN, FRANCIS E.
CASSIDY, HENRY F.
CHAPLAIN, Jas. S.
CLEMSON, HARRY E.
COLLINS, ROLLIN P.
CONE, SYDNEY M.
CORKRAN, JAS. M.
CRAWFORD, ALBERT C.
CUSHING, HARVEY W.
DARE, GEO. S.
DEWCESE, CORNELIUS
DOBYNS, FREDERICK
ELDRED, FRANK CORAL
FEDDEMAN, WM. H.
GAINES, JOHN M.
GAVIN, FRANK D.
GIBBONS, WM. H.
GUNDRY, ALFRED THOS.
HALL, T. B.
HAMMOND, JOHN T.
HARTWIG, CHAS. W.
HERMAN, NATHAN
HERRING, ARTHUR P.
HESSEY, JOHN H.
HIRSH, JOSÉ LEWIS
HOBACH, J. U.
HOLLOWAY, T. A. J.
HOLMES, LOUISE D.
HUCK, JOHN G.
JENNESS, JOHN H.
JOHNSON, T. B.
JONES, CHAS. P.
JONES, GEO. HENRY
JONES, PAUL
KNIPP, HARRY E.
LATANÉ, SAMUEL PEACHY
LATIMER, MATTHIAS R.
LLOYD, THOMAS P.
MCDONALD, WM. B.
MCGLANNAN, ALEXIUS W.
MELLUS, EDW. LINDON
MERRITT, JAS. B.
MORRIS, LOUIS W.
MORRIS, JOHN NORFOLK
MOTTER, GEO. T.
MUSE, BERNARD PURCELL
NAYLOR, HENRY L. P.
OWINGS, EDWARD R.
PERRY, W. B.
PETERMAN, HARRY ELMER
PRENTISS, HARRY G.
REULING, ROBERT
ROBERTS, WM. M.
SIMMONS, HORACE M.
SMITH, W. P.
SPEAKE, SAMUEL H.
STEEVES, J. W.
STUMP, GEO. M.
TAYLOR, L. G.
TAYLOR, WM. FRANKLIN
THOMPSON, F. H.
TURNER, JR., JOHN
VANBIBBER, ARMFIELD F.
WALLACE, JOS. V.
WATERS, S. R.
WEAVER, JOHN F. B.
WHITAKER, JAS. S.
WOODWARD, JAS. S.
WOLF, W. B.
WORTHINGTON, JOS. M.
YOUNG, HUGH H.
ZACHARIAS, JOHN F.

PRESIDENT'S ADDRESS.

THE COUNTRY DOCTOR.

By Charles M. Ellis, M. D.,

Elkton, Md.

I purpose in this annual address, which your generous favor enables me to pronounce, to take for my theme the "Country Doctor;" and to submit to you such observations upon his habits of life and thought, and the influence of his environment upon his growth and development, as an intimate participation in his life for a third of a century, has enabled me to make. I shall endeavor to point out to you in what respect many of his surroundings differ from those of the "town doctor;" what are the most pronounced of his needs, and the difficulties that stand in the way of his overcoming them; and, finally, with timidity, and uncertain of my judgment, make some suggestions of means that seem to me best suited to help him.

The time limit appropriate to this occasion forbids here any detailed and systematic treatment of the subject, although worthy of it, a cursory view alone, being permissible or possible. In this delicate enterprise there will be no attempt to throw around him the glamor of romance and of poetry, but to exhibit the man as I know him, with many robust virtues, and some equally robust vices; struggling often against primary deficiencies of equipment, and always against an environment which hinders, and discourages, subsequent correction of didactic faults.

In the struggle for a satisfactory rural professional life there are many waifs; many who fall into a worse condition, a status of an impenetrably unreasoning empiricism, in which a deceptive experience is the unsafe anchorage of a fallacious judgment, the conclusions of which are

defended with an animus that only a supreme egotism can evolve. Many, however, by reason of natural endowments and acquired fitness, elevate their lives to a professional plane on which it is possible for an intellectual life to develop; and on which it does develop, not only to individual sufficiency, but to a public usefulness, and a public influence, that on the one hand, meets and supplies public emergencies, and, on the other, largely directs and controls, public thought and movement. Every community fortunate enough to possess such a man—and composing as they do a large proportion of the country and village doctors, few communities are without such—possesses a man the conservator of all its material and ethical interests; a trustworthy adviser in difficulties, forceful and helpful in danger and distress. If not an ideal doctor, his deficiencies are known to himself and not to the community, which, in greatest measure, regards him as all-sufficient for its needs.

From the men of this class springs occasionally a man who is almost ideal in his personality and natural endowments, which being supplemented by acquired knowledge and judicious training, develops into the well-rounded physician, the perfect family doctor. There is no unequal training of his faculties, no attempt at specialism; but his all-embracing mind, and his natural dexterity, enables him to touch, utilize and adorn, every department of practical medicine. He is ready and resourceful in the presence of emergencies; his obstetrical successes have heretofore been the envy of his teachers, and no operative procedure deters him. But it is in internal medicine when such a man is most at home. Possibly poorly equipped for personal use of instruments of precision, and with little time to avail himself of their aid, he has trained his powers of observation to an acuity which gives great facility for judgment upon the clinical history and symptoms of disease; and his ready and just appreciation of the balance of vital forces is intuitive, making his prognosis unerring.

There are, of course, few such men, but the type serves to emphasize some of the notable differences between the successful country doctor, and the more successful city

doctor. The one has but his two hands and his two eyes for his work; the more favored town man has command of laboratory facilities, and the eager hands and eyes of ambitious students and junior staffs to supplement his own, and a brother of any specialty around the corner, able and willing to help him in any emergency. But such men rarely tarry in the country, for they become restless under the limitations of their surroundings and seek the wider field of urban life for their activities. Sims, Agnew and Goodell, are illustrious American examples of that host of brilliant men who have had their earliest training in country practice.

Heretofore the most general characteristic feature of the country doctor's life, and the one that has been most potential in his evolution, and is the equal source of his strength and of his weakness, is the fact, that, immediately upon his graduation, and with only such training as was afforded him in his didactic course of two or three terms, and the perfunctory attendance upon clinics in which he had no other participation than that of a very distant spectator, he is launched upon the general field of practice, with its liability to be called at any moment to administer to every form of disease, accidents or disability. To diagnose a glaucoma or an eye-strain; to relieve a vertiginous attack, or await the issue of an apoplexy; to relieve an infantile convulsion and muse upon its interpretation; to set a fracture; possibly to do a craniotomy; turn for a placenta prævia; do artificial delivery for eclampsia before term; sew up a ruptured perineum; amputate a crushed limb; tie an artery or a hemorrhoid; determine a compressed or a concussed brain; diagnose an early pregnancy and resist the importunities of the sensuous or their victims; curette a uterus; irrigate a bladder; determine a colic or an appendicitis; certify for insanity; make a sanitary inspection; make post-mortems for the coroner and give *expert* testimony upon every conceivable form of hypothetical case. Is it an adenoma or a carcinoma? Is the marasmus diatetic or syphilitic?

It is in the precipitate and constant exercise of his faculties in the contemplation of these problems and their

various solutions, unaided, and with great paucity of literature, that his training proceeds; and his success or failure depends not only on his educational equipment, which is too often inadequate, but quite as much upon his mental and moral fiber. If he is honest with himself, conscientious and diligent, his development is rapid, and mainly through the cultivation of habits of self-reliance, which his surroundings do so much to engender and encourage. And it is this habit of self-reliance that goes so far to mould, to mar his character. A capable man grows in strength and adaptability. In a less capable man, if he is not confessedly and conspicuously beaten, there is frequently the growth of a provincial egotism and a self-sufficiency that is as discouraging to further growth, as it is deforming to his personality.

And, indeed, it is this unamiable quality of exaggerated self-esteem that mars and perverts the character of many of the best of us. His professional training and solitary life are not alone responsible for this most conspicuous blemish of the country doctor's character. An important factor is also initial, and is marked by the indelibility of a first impression—early success. There is no profession in which immediate success is so frequent as in the profession of medicine, when the field is a rural one, and the candidate is adaptable. So rapid is his growth in popular favor that, between his professional duties and his social entanglements, there is little time for severe study; the apparent necessity for which is diminished by his undoubted success in acquiring business. It is further fostered by his social relations and his professional jealousies. The first surrounds him with a clique of flattering friends, who make the common mistake of endeavoring to elevate their favorite at the expense of his rival; and the other separates him from a companionship of the utmost importance to his development, and to his happiness.

If it were possible to abolish the jealousies of the country doctor and the neighborhood cliques they engender, and to smooth down the excrescences of his character, the outgrowth of his abnormal egotism, what an

admirable character he would develop! what a power for good to his people!

It is to be presumed, that, at the beginning of his professional life the young country doctor is in every respect similarly equipped with his classmate who elects to try his fortunes in the city, providing the proposing candidate for city favor does not determine on a post-graduate course, or the prolonging of the days of his tutelage in hospital. These additional educational means are, of course, being availed of increasingly, by the young men who are preparing for village and country life. It may, moreover, be conceded, that, by far the larger number of medical graduates who have previously taken a college degree, locate in the larger urban field.

But with equal equipment at the start, what are the professional advantages of the city man that his country brother does not possess, the possession of which gives him his palpable superiority of reputation, and his confessed superiority in educational growth? They are chiefly these:

Hospital wards and dispensaries;
Teaching bodies in all large cities;
Daily intercourse of men similarly occupied;
The medical societies of the city;
The medical libraries of the city.

Can these advantages in any qualified way be brought to the country doctor?

The cottage hospital, with its annexed dispensary, can be made available to every medical man except those located in the most sparsely settled districts.

A post-graduate course at the end of his fifth year of practice, and again in his tenth year, for three or four months, should be the settled intention of every young man who locates in the country, and no complexity of engagements should interfere to prevent it.

The cultivation of cordial and fraternal relations with his neighbors, and frequent consultations in his difficult and responsible cases, will be the sure means of bringing country medical men into much more constant intercourse. I know of no more certain index a county for doctor's

worth, than the number of his consultations, a test, that, unfortunately, the laity, our clients, do not appreciate at its worth.

The county medical society admirably substitutes the city societies, which are always open to an industrious and ambitious man who chooses to visit them. To his county medical society the country doctor should bring a devoted loyalty. His attendance at its meetings should be uniform and punctual. Instead of being perfunctory, and secondary to any trivial engagement or call, it should be an active, primary duty; an engagement for the fixed day that nothing but the most imperative call should interfere with.

A membership thus inspired makes the society invaluable to his growth, happiness and usefulness. I speak with clear conviction of the utility of the county society from a ten years' experience of the old Cecil Society, and of its admirable influence upon the profession of my county; and with grateful acknowledgment of its beneficial effect upon my own later training. To his State society he should bring an interested loyalty second only to that he bears to his local society. Membership of his guild should be a cherished privilege, to be early availed of, and jealously guarded and defended.

The want of books, and the absence of libraries is a serious drawback in the life of the country doctor, especially if he contemplates authorship.

The preparation of a paper to be read before his local society is difficult largely on this account, and it has much to do with his diffidence in appearing on the programme of his State society, for here, the audience being largely composed of city men, many of whom are professors or *attachés* of colleges or hospitals, is a critical one. But earnest and systematic co-operation of neighboring doctors, with the judicious expenditure of moderate sums, will do much to qualify and correct this very urgent need. A book club of five or ten men, contiguously located, with yearly contributions from each of $10 or $20, expended on books of reference, recent monographs and year books, together with a few of the principal American and British

journals, will, in a short time, provide an amount of literature that would be very helpful and stimulating. These should find lodgment in the cottage hospital, if it exists, or in the local library. If neither exists—and in Maryland the one is as rare as the other—then a central drug store will be a convenient repository. The library of the State Faculty admirably supplements these primary stores for the doctors of Maryland, and is freely open to its membership.

The diligent use of existing instrumentalities and their amplification, and the creation of new means and measures, the conditions for which are especially favorable in this State, will give an impulse to the country doctors of Maryland to make effort to minimize the disadvantages under which they labor in comparison with their more favored city brethern in their struggle for general and technical improvement.

First among the agencies for maintaining and improving the acquired resources of the village doctor, is the cottage hospital. The importance of these institutions in the development of the suburban and rural English doctor cannot be estimated, nor do I believe it can be exaggerated. Near 400 of these centers of philanthropy and of medical education exist in the British islands. How many have been established in America there is at present no means of determining accurately. The number, however, is small, and of these few the majority are located in New England. There is not one in Maryland, nor, so far as I am informed, is there one in any of the Southern States.

About the village hospital clusters not only much of what is best in the philanthropy of the neighborhood, but it becomes also the center of its medical thought, and the point at which the co-operative union of the medical men of the vicinage produces its most fruitful results. The discipline of a well-organized institution, and its methodical administration, requires constant inspection, a requisite essential to the successful operation of a hospital, however small. This implies not only method and punctuality on the part of the attending physicians, but it

involves more or less publicity of their work. Such training and practice would be of great value to the country medical man in developing and cultivating in him those habits of orderly procedure, and punctuality of performance, in which he is so conspicuously wanting, and to the deficiency of which is chargeable a great amount of loss of time, and dissipation of energies. But much more is implied and required of the man who would creditably fill his post—exact methods of observation; the daily use of instruments of precision, and of instrumental aids to diagnosis; of the microscope, and the practice of chemical examinations. A certain amount of practical bacteriology would be embraced in his daily duties. Careful clinical examinations, that the required notation essential to a complete history of cases shall be ample and sufficient, will be cultivated. In the private practice of the country doctor these aids to his education and work are used intermittingly, or, for the most part, not at all. I have no present knowledge of any country physician who keeps a case-book, and those who habitually and systematically use instrumental aids to diagnosis are extremely few. The cottage hospital, therefore, would be a factor of the highest importance in preserving and cultivating his skill in the use of instruments and processes for diagnosis, and the methodical training of his powers of observation. But it will do far more; it will give him constant practice in the technique of surgery and antisepsis, and fit him for emergencies. "The lessons learnt day by day at the cottage hospital become in time of need of real value in the ancestral hall," and "the peasant's misfortune becomes the means of saving the life of the squire."

As each doctor of the vicinage has equal rights with all others to follow his patients to the hospital, it becomes the common center of professional intercourse. The constant association of self-respecting men, actuated by the same motives of self-improvement and public utility, should cultivate a spirit of amity, which, at the same time, would bring about appreciation of each other's qualities, teach needful lessons of forbearance for each other's faults, and enrich the impoverished fund of professional sentiment.

When the first cottage hospital was founded by Mr. Netter, in 1853, at Cramleigh, the trained nurse, in the modern sense, was unknown. The ordinary domestic service of England furnished all that was required in superintending and nursing. But I presume no one in these later days would think of organizing a hospital, whatever its pretensions, without enthroning one of these queens of the amphitheater in the supreme care of the house. Upon her careful selection and efficiency will, in great measure, depend the success of the enterprise, and, on her tact, the usefulness of the institution to the attending physicians. But in another particular can her services, and that of the hospital, be utilized to the great advantage of the medical men, and of the community. One of the hindrances to a satisfactory professional life for a country doctor is the ineficiency, the ignorance and the impenetrable prejudices of the ordinary "experienced" nurse; an inconvience from which our city brethern are by no means exempt. But not only is the quality inferior, but the supply is limited. In existing social conditions there is no possibility of supplying to the country laborer or mechanic, to the factory hand, or to the small or tenant farmer, the highly trained graduate of a nursing school; and I am by no means convinced that it would be desirable. But a nurse of a better training than the domestic; one whose "experience" has been gained under intelligent and competent direction, including a limited period of hospital service, and selected from the young domestic classes of the community, and who will be content with something less than professional rewards, a moderate wage, is a rapid growing and appreciating need. The cottage hospital is the future school which will prepare a great class of women for useful and happy lives in these vocations.

The village doctor of the future will find the constant employment of one of these a great aid in his work. She will attend him at his office, care for his books and instruments, perhaps for his accounts. But, further than this, she should assist him among the village poor by paying subsidiary and supplemental visits, teaching them primary lessons in domestic economy and housekeeping, infant

and invalid feeding, and performing those higher duties of solace and comfort, which the quick sympathies of a good woman will prompt. An adaptable women, with good moral tone, would soon be in close touch with her sisters in every class of life, and would not only lighten and elevate the village doctor's life, but would return her cost to him threefold.

Much that I have said will, of course, seem to by far the greater part of my audience, trite and commonplace; but its reiteration is needful in pointing out the salient deficiencies of the country doctor, and the lines on which most hopeful effort for their abatement may proceed. Fault may be found with the emphasis of my advocacy of the cottage hospital as being difficult, or impossible of attainment. But I have other hope, and a brighter, for this State, the realization of which should not fail if the active bid and sympathy of this Faculty can be enlisted in the work. Every county in the State is at yearly expense for its sick poor, without facilities for their care. A cottage hospital at the county town should care for these, and receive a sufficient annuity from the county treasury. This, with a moderate State appropriation, would be adequately supplemented by local charity and contributions from patients. Every county is required by law to have a salaried officer of health. He should be a young man well equipped in modern methods, put on the staff as pathologist and bacteriologist, to do the greater part of the scientific work, and in a few years, having established himself, give place to another.

The essential elements exist in this State; it requires only to create a public and professional sentiment to utilize them to produce the desired result. Now the working out of this result lies in the co-operative efforts of this Faculty and the county medical societies. We may well take the initiative by appointing a permanent committee on county medical societies, whose duty should be to aid in organization of local societies where they do not already exist, to stimulate the pride of a flagging membership, and to do the many things that will suggest themselves to fertile minds to make them successful centers of medical

interest, thought and effort. They could each be made centers of a modified form of university extension teaching, the lecturers to be supplied by the committee at the expense of the local societies. Indeed, the same methods practiced by the University Extension Society could be utilized to an unlimited, and most beneficent, extent in this field. An interesting outgrowth of the activities of such a committee would be a great increase in the membership of this Faculty, with corresponding growth of its influence in the State. When every licensed physician of Maryland is enrolled among the membership of this venerable Faculty we will form a corporate body of potentialities unequaled by any other combination of citizens; a power in the State that will command attention to our reasonable demands; a force that, if well directed, will make easy of doing works that now seem hopeless or impossible, and defend us against future humiliations.

The doctor of the future will be gravely influenced by the evolutionary forces that are so actively at work in constructing our existing, and near-coming civilization. Social progress, as in biology, is made only through selection and stress of contest. These inexorable forces are at work upon all the individuals of society; but the medical man is especially exposed to their rigor. The enormous advances in the elementary departments of medicine, especially in the realm of biology, have increased his special stress in an extraordinary degree. With the characteristic devotion to the public good, and the unselfish sacrifice of personal interests that have ever distinguished the medical profession, we are outrunning all other callings in the pressure we are voluntarily putting upon our own fraternity to meet worthily the exigencies of the future. This higher medical education, which has been so enthusiastically advocated, and, perhaps, too rapidly enforced of late years, has intensified the hard conditions of the country doctor's environment. I make no plea for their qualification or abatement, the inherent difficulties of the situation would seem to make that impracticable; but I do appeal to the rural profession to make intelligent and effective use of

that elemental means which has heretofore been potent, in addition to individual reason and culture, in fortifying against the tendency to elimination, namely, *concerted action*.

To this I have endeavored to show that metropolitan and urban medicine is indebted for its proud supremacy; in this I have endeavored to persuade my brethern, the country doctors, lies their future hope of successful survivorship.

ANNUAL ADDRESS.

EPIDEMIC CEREBRO-SPINAL MENINGITIS.

By W. T. Councilman, M. D.,

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I thank you heartily for the honor you have conferred upon me in requesting this address. I have always thought of the Medical and Chirurgical Faculty of Maryland with pride and gratitude; with pride, because it has borne such honorable part in the history of my native State and in the history of medical associations; with gratitude, because I feel that I derived my first inspirations ir the path in medicine which I have followed from wo addresses I heard given before your body. One was given while I was a medical student, and was from the eloquent lips of Dr. S. Weir Mitchell, whose place here today I so imperfectly fill. The other came in the following year, and was by Professor Ira Remsen of the Johns Hopkins University. I learned then as a student from Dr. Mitchell what medicine owed to science and what could be gained to the medical art by applying to the art principles which science had established. I learned from Professor Remsen that there were lines of scientific investigation in medicine along which one might work with the object of ascertaining facts and of developing principles from those facts, and that such work was as eminently humanitarian as the practice of the art of medicine.

Feeling the inspiration I have derived from these two men, I have not been rash enough to attempt an address of a general nature. I have had neither the time to study nor have I the ability to discuss the broad question of medical science. So I have chosen to speak to you of a disease

in which I have been deeply interested and the medical literature of which has been greatly enriched by descriptions from some of your members of the epidemics which have appeared in Maryland.

It is only within recent years that we have been able to distinguish in epidemic cerebro-spinal meningitis a definite etiological factor. An organism which may be distinguished by certain characteristics of its own has been found in the inflammatory exudation in certain cases of meningitis. The organism may be grown in various culture media, and the pure cultures, when inoculated into the meninges of susceptible animals, produces an acute meningitis. The cases of meningitis in which this organism is found, taken collectively, show a clinical course which is characteristic, although single cases taken from the number may resemble cases of meningitis due to other organisms. The clinical pictures presented by different types of meningitis are as characteristic in their way as a clinical picture of diseases in other organs due to pathological processes of the same general character, but produced by different causes.

The disease is best recognized during its clinical course by ascertaining the presence of the etiological factor. We are now able to do this, and ascertaining the cause in every case of meningitis we can distinguish the different forms. A great deal of confusion has arisen in epidemic cerebro-spinal meningitis, due to the fact that the type of the disease has not been sufficiently insisted upon, and to confounding the organism characteristic of this disease with organisms presenting somewhat similar characters which are the causes of meningitis of a different character. The chief work to be done in the future in meningitis is to ascertain by examination of the meningeal exudation during life the nature of the disease, and then by careful study of the cases to fix more sharply than can be done at present the different types clinically.

Under the term meningitis is understood inflammation of the pia-arachnoid, the membrane which forms the immediate investment of the brain and spinal cord. The separation of this membrane into the pia and arachnoid is

artificial, although there is more justification for such a separation in the spinal cord than in the brain. Considered as a single membrane, it consists of a serous surface (arachnoid) in contact with the dura, forming one side of the sub-dural space, and beneath this a loose connective tissue (pia mater), containing numerous and large lymph spaces and carrying the blood-vessels of the brain and cord. In the spinal cord there is a single large space between the upper serous surface and the tissue which closely invests the cord, crossed by numerous fibrous trabeculae. The lymph spaces in the membrane communicate with the lymph sheaths around the vessels of the brain and cord, and, by means of lymphatics accompanying the nerves, with the general lymphatic system of the body. The membrane in the form of the choroid plexus passes into the ventricles of the brain.

There are various means by which infectious agents can gain access to this tissue. They may enter into it by means of the blood or by the extension of infectious processes from adjacent regions. The extension may be direct or by means of lymphatics which communicate directly or indirectly with those of the membrane.

All inflammatory processes in the pia-arachnoid, however produced, agree more or less in their anatomical features, and in so far as the symptoms depend upon the purely local lesions there is considerable uniformity in the symptoms produced. There are, however, certain minor differences in the anatomical lesions which are sufficient to differentiate certain forms of meningitis. These differences depend in general upon the extent and character of the exudation, upon the varying degree in which the blood-vessels and nerves are involved and upon the direct extension of the process in the meninges into the adjacent tissues of the brain and cord. In some cases the lesions are limited to the membranes; in others there is a tendency for the process to extend into the adjacent nervous tissue and along the nerves. There is little doubt that all cases of meningitis are cerebro-spinal, the meninges of the cord being affected as well as those of the brain. The cord lesions are, however, so much more marked in certain

cases that these have been especially distinguished by the name cerebro-spinal meningitis.

In epidemic cerebro-spinal meningitis there are sufficient differences in the character of the exudation, in the greater degree of involvement of the meninges of the cord, in the extension of the inflammation along the nerves and in the participation of the tissue of the brain and cord in the process to enable us to distinguish anatomically most cases of this from other forms of meningitis. In all forms of meningitis the inflammatory exudation is more marked on the base than over the convexity of the brain and along the posterior than the anterior surface of the cord.

The first description of a disease which we can now recognize as epidemic cerebro-spinal meningitis was given by Vieusseaux in Geneva in 1805. This date is usually accepted by the Germans as marking the appearance of the disease.

In the histories of the great epidemics of Europe, from the thirteenth century on, symptoms are described which almost certainly point to this disease. A very interesting account of these early epidemics and their affinity to or identity with cerebro-spinal meningitis is given by Webber in his admirable account of the history of the disease. The descriptions of these epidemics are exceedingly obscure, and, in the general absence of the records of post-mortem examinations, it is impossible to say exactly what disease they represent. The descriptions of the clinical symptoms could apply equally to typhus, typhoid or cerebro-spinal meningitis.

Following the epidemic in Geneva, the disease next appeared in the following year, 1806, in Medfield Massachusetts, and was described by Danielson and Mann in the *Medical and Agricultural Register*. The clear and accurate description of these authors, with their account of the results of post-mortem examinations, leaves no doubt as to the nature of the disease they describe. The disease, commencing in this small town, became a widespread epidemic, extending over the entire New England States and into Canada, New York, Pennsylvania, New

Jersey and Maryland, and continued until 1816. There are two classical descriptions of the disease in this period. One is by Elisha North and the other by a committee appointed by the Massachusetts Medical Society to investigate the new disease. The committee was composed of Drs. James Jackson, J. C. Warren and Thomas Welch, and the report was written by James Jackson, the secretary. The committee sent letters to various physicians all over the State and analyzed their replies. The disease was described as beginning suddenly wtth great prostration, intense pain in the head and along the spine and vomiting. Many of the cases died suddenly in ten to twelve hours; others in twenty-four to forty-eight hours after the first symptoms. Almost all the fatal cases died before the third day. The disease affected especially young persons of both sexes, but not generally very young infants or aged persons. The committee reported in all eight autopsies, most of which were made by J. C. Warren.

North describes the disease from his personal experience with it, and appends to this various other accounts which have been given by contemporaneous authors. North divided the disease into two types, depending on the more or less rapid course of the disease and the intensity of the symptoms.

Dr. Samuel Woodward, in a newspaper printed in Hartford, describes an epidemic in Litchfield county in 1807. In the same paper Dr. Bester, after giving an excellent account of the clinical course of the disease, says that, though it has been attributed to various causes, he is convinced that the "immediate cause of the disease is the increase in the sensorial power of sensation with the decrease of the sensorial power of irritation." The book of North also contains a description of the disease by Dr. Fiske, "Sketch of Spotted Fever" (*Massachusetts Spy*, April 9, 1810), "Observations on Anomalous and Irregular Diseases," by Dr. Williamson (Baltimore, 1808; letter to Philadelphia Medical Museum), and a collective report from Drs. Haskel, Spooner and Holmes, who were

a committee appointed at Farmingham, Connecticut, to investigate the disease.

This was the most extensive epidemic of the disease ever seen in the United States. From 1840 to 1850 slight epidemics appeared in the Western and Southern States. The most extensive epidemic was seen in New Orleans, and occured chiefly in a regiment of recruits which had come there from Mississippi.

The United States was free from the disease from 1850 to 1857, when it again appeared in two such widely separated areas as North Carolina and the western part of New York. During the Civil War, from 1861 to 1864, the disease became widely spread. In the winter of 1861 and 1862 it appeared in the army of the Potomac and in camp near Washington, and was especially severe among the negroes sent by the Confederates to Memphis. Upham gives an account of the disease as it appeared in the winter and spring of 1862 and 1863 in the camps in and around Newbern, N. C. He compares the symptoms observed in this epidemic with those of the Massachusetts epidemic in 1810, and concludes that both diseases were the same. He made a number of post-mortem examinations, and gives a careful description of the anatomical lesions.

The disease appeared again in Massachusetts in 1864 and 1865, and a report was made on it in 1865 by a committee appointed by the Massachusetts Medical Society. The report of this committee, unlike that of 1810, did not make any material addition to our knowledge of the disease. From 1865 there was a period of quiescence in Massachusetts until 1872 and 1873, when there was another severe epidemic in Boston, which was reported by Upham. In Philadelphia and other parts of Pennsylvania there was a severe epidemic in 1863, which was described by Stille. From 1860 to 1874 epidemics of the disease were seen in almost all parts of the United States. In the United States since 1876 sporadic cases and small epidemics have been seen in various places. The most extensive epidemics during this period have been those of New York in 1893, that in Lonaconing, Md., in the same

year, and the recent epidemic in Boston, 1896 and 1897. Many of the epidemics have not embraced more than four to six cases, and most of the accounts concern only sporadic cases.

In Europe extensive epidemics of the disease have appeared in the same periods as in the United States. The most extensive was from 1837 to 1850, and was characterized chiefly by the prevalence of the disease among troops. The epidemic was most prevalent in France, and in nearly all cases it appeared first in the military and from there, in some cases, notably in Metz, extended to the civic population. In Germany the disease was prevalent in 1864 and 1865, and in this period most accurate clinical and pathological descriptions of the disease were given by Wunderlich, Klebs and others. There have been small epidemics in Germany at various places from 1865 up to the present. The most extensive of these epidemics was in Cologne in 1885, and was carefully studied by Leichtenstern.

THE CHARACTER OF THE EPIDEMIC.

Considered as an epidemic, cerebro-spinal meningitis has many features which distinguish it from epidemics of the other infectious diseases. As a rule none of the epidemics has shown a continuous extension, this being noticeably the case with the first recognized epidemics. In some cases, as in the French epidemics from 1840 to 1845, it appeared to extend with the movements of the troops, and it was undoubtedly carried into Algiers in this period by the French troops. Almost all of the epidemics have appeared in the winter and spring. Vieusseaux pointed out that the disease in Geneva disappeared on the approach of mild spring weather. All of the early epidemics in Massachusetts were seen in the winter and spring. Woodward speaks of the disease in Litchfield county appearing in April, when the frost was dissolving and the ground breaking up, and says the disease seemed to be more common in rainy weather.

TABLE I.

	Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
1896	..	..	..	..	..	1	..	..	1	..	..	3
1897	1	10	23	29	21	14	7	..	4	6	3	6
1898	5	7	7	..	..	..	..	..	..	..	..	..

The appending table gives the time of appearance of the cases seen in the three chief hospitals of Boston in the present epidemic. In my study of the disease I have only included the cases seen in the Boston City Hospital, the Massachusetts General Hospital and the Children's Hospital. The best methods of clinical diagnosis were used in these cases, the clinical histories were good, and autopsies were obtained on a large number of the cases which died. Cases which occured outside of the hospitals are not included on account of probable errors of diagnosis As is seen from this table, the greatest number of cases occured in April and the greatest mortality was in May.

AGE.

In general the disease has been most prevalent in children and young adults. The cases occuring in military epidemics were mostly young soldiers, from the age of eighteen to twenty-four years. Leichtenstern found, in the epidemic in Cologne in 1885, out of 111 cases, only twenty-three which occurred after the thirtieth year. More than half of his cases occurred before twenty-one. The following table, taken from Leichtenstern, gives the ages of cases seen in the epidemic in 1885 and in the small epidemics which followed this:

TABLE II—AGES.

	1-5.	6-10.	11-15.	15-20.	21-25.	26-30.	31-35.	36-40.	41-45.	46-50.	51-55.	56-60.	61-65.	66-70.	70.	Totals.
1885	17	14	10	19	18	10	6	6	4	1	1	4	..	1	..	111
1886	..	3	3	11	7	2	1	2	1	2	1	1	..	..	..	34
1887	..	2	1	..	..	..	..	..	1	..	..	..	..	..	..	4
1888	2	2	1	7	9	3	..	2	..	..	..	..	..	..	..	26
1889	..	..	1	1	1	..	..	1	..	..	..	..	1	..	..	5
1890	..	..	1	..	..	1	..	..	..	..	..	..	1	..	1	4
1891	1	..	..	1	1	1	..	..	..	..	..	..	..	..	..	4
1892	2	..	..	3	1	..	..	..	..	..	..	..	..	..	..	6
Totals	22	21	17	42	37	17	7	11	6	3	2	5	2	1	1	194

The epidemics in the early part of the century were particularly prevalent in children. At advanced periods of life meningitis is very rare.

The following table gives the ages of the cases seen in the present epidemic:

TABLE III.

0-5.	6-10.	11-15.	16-20.	21-25.	26-30.	31-35.	36-40.	41-45.	46-50.	51-55.	56-60.	61-65.	Total.
24	13	7	15	25	26	19	8	1	4	1	2	1	146

Only those cases which were seen in the hospitals are considered. A separate tabulation of those under five years of age shows but five cases under three years and one under one year. Nothing shows the inaccuracy of mortality tables of cerebro-spinal meningitis more than the analysis of ages in the cases in which diagnosis is certain. Epidemic cerebro-spinal meningitis is exceedingly rare under one year of age. All other forms of meningitis, though rare at this age, are more common than the epidemic. In mortality statistics of the disease a large precentage of cases is put down as under one year. In the present epidemic no cases were seen in the infant hospital.

But little is known about the transmission of the disease. The cases are rare in which it seems to have been directly transmitted from one individual to another. In most of the epidemics the cases have been scattered and the manner in which infection occured has not been ascertained. In the literature are a few accounts in which several members of the same family have been attacked, and in a few instances the disease seems to have been transmitted by the use of infected clothing. A map of the city of Boston, giving the location of the cases, shows them to have been very generally distributed over the city, with two exceptions. A number of the cases came from two foci—one in the neighborhood of the Massachusetts General Hospital and one near the harbor. In both of these places the population was dense and the hygienic conditions not of the best. Even here generally but one member of the

household was affected. In one case a mother was attacked two days after the death of her child from the fulminating form. In two cases more than one member of the same family were affected, and in one case it was said that several children in the neighborhood had died of brain fever.

In a question of the probability of transmission of an infectious disease we should consider the location of the disease and the ways in which the organism causing it can pass from the lesions of the disease to the outside; further, the viability of the organisms and their possibility of leading a saprophytic existence. The lesions of meningitis are chiefly in the meninges of the brain and cord and confined to these organs in most cases. While located in the meninges, there is little or no opportunity for the organism to infect the outside. In a certain number of cases there are lesions in the lungs, ears and nose, in which large numbers of organisms are present and from which an infection of neighboring objects or persons could easily take place. The organism, as far as we have been able to tell from its behavior in culture media and in the tissues, has a feeble vitality and would not be capable of leading a saprophytic existence. In the report on the bacteriology of the disease will be found some observations bearing on the vitality of the organism producing it when subjected in pure culture to various external conditions. Still, it must be remembered that we cannot reproduce artificially all the conditions which organisms might find in nature. It is certain that the disease is an infectious disease and is produced by a definite micro-organism. This organism increases in the body of the affected individual, and in a certain number of cases may infect his surroundings, and may in a manner which we do not know be conveyed to the tissues of a susceptible individual and there produce the disease. Why this takes place in some cases and not in others, and the conditions under which it takes place, we do not know. The evidence, on the whole, is not conclusive that the disease is incapable of being transmitted from one individual to another.

We have been able to find but little in the literature bearing on the subject of immunity in this disease. North, in his description of individual cases, gives one undoubted case in which there was an attack twenty-five months previously. Another case had the disease in August, 1808, and was again attacked in May, 1810. Herman and Kober report that a girl who had the disease in May, 1886, died in the second epidemic the following year. Lowry reports a second attack three weeks after apparent recovery. Warshauer reports a case in a woman who had the disease in an epidemic five years previously. From the fact that second attacks are so rarely mentioned it would appear that a relatively high degree of immunity must be conferred by a single attack. In the present epidemic there was no history of a previous attack in any of the cases.

The question of the appearance of sporadic cases is an interesting one. The accounts of epidemics show that they are not of short duration. In the table given of the cases observed by Leichtenstern, in Cologne, it will be seen that from 1885, which marked the epidemic, there was a varying number of cases until 1892, with an exacerbation in 1888. Strümpel and other observers say that sporadic cases occur in greater numbers in the years preceding and following an epidemic. I have found but one report in which the diplococcus intracelluraris, the organism of the epidemic meningitis, was found in a typical sporadic case.

In going over the literature of the disease we find a great many reports of sporadic cases, some of them of single, others of multiple cases. Of course, it is very difficult to say whether these cases were of the epidemic form or some one of the other forms. Neither the clinical history nor the autopsy without cultures is absolutely conclusive. In going over the clinical histories of large numbers of cases one receives an impression of the epidemic form which differs somewhat from that of the pneumococcus form and the streptococcus form, but the clinical history alone is not conclusive. Autopsy accounts would be more conclusive had they been accompanied with cultures or

even with careful histological investigations. The importance of combined clinical and pathological investigations is very evident in going over these reports. There are careful clinical histories given, with imperfect accounts of autopsies and without bacteriological investigation, and in those cases in which the latter were carried out the clinical histories were either absent altogether or very meager.

In the reports of these sporadic cases it may be generally assumed that the recoveries were of the epidemic form. So far we have not been able to find a case, which certainly could be regarded, from the accompanying pneumonia or endocarditis, as pneumococcus meningitis, which has recovered. Of course, there is a certain number of cases of pneumococcus meningitis in which the affection of the meninges is primary, and it is impossible to say with regard to these cases whether there are any recoveries among them. In the same way there are no recoveries noted from cases of meningitis secondary to thrombosis of the lateral sinuses, or disease of the middle ear. Those sporadic cases which have been followed by eye and ear lesions are probably the epidemic form and due to the diplococcus intracellularis. In going over the cases of meningitis which have occurred in the City Hospital in the five years previous to the appearance of the epidemic, and in which bacteriological examinations were made at the post-mortem examination, no cases due to the diplococcus intracellularis were found. This matter of the relation of sporadic cases to the epidemic form is one of greatest importance, and can only be determined by a careful bacteriological examination of the organs of the cases which die and bacteriological examination of the fluid obtained from the spinal puncture in all cases. It seems probable that there must be a large number of sporadic cases of epidemic meningitis constantly occuring, which, under certain conditions, the nature of which we are not aware of, may so increase in number as to from an epidemic. Nothing can be learned with regard to these cases from an examination of the mortality tables. One gets the impression from such tables that the disease is very frequently not recognized when it occurs, and that

many cases are reported as meningitis which are not so. The large percentage of cases under one year in such tables shows how unreliable they are.

The organism which can now be regarded as the cause of epidemic cerebro-spinal meningitis was first described by Weichselbaum in 1887. Before that what was probably the same organism had been described by Leichtenstern and Schwabach. The most important confirmation of Weichselbaum's discovery was made by Jäger in 1895. Since then the organism has been found in a number of small epidemics of the disease. The organism is a micrococcus of about the same size as the ordinary pathogenic micrococci and appears in diplococcus form as two hemispheres separated by an unstained interval. It stains with any of the ordinary stains for bacteria and is decolorized by the Gram method. There is considerable irregularity in staining, some organisms being brightly stained, others more faintly. There may also be considerable variation in size, and the larger organisms stain imperfectly. These variations in size and staining appear to be due to degeneration and are more common in old than in fresh cultures.

In cultures the organism does not give a profuse growth on any medium. I have found the blood-serum mixture of Loeffler the best adapted for its growth. In all cases a large number of organisms appear to be dead, or at least they do not grow. In no case was it possible to obtain a continuous growth over the surface. Even when a large quantity of an exudation, which on microscopic examination contained large numbers of the organisms, was smeared over the surface, only single colonies would develop. The same was true in transplanting colonies; in the place of a streak, single colonies would develop in the line of the needle. To be sure of obtaining growth it was necessary to make a number of cultures, using large amounts of the material investigated. To keep pure cultures going, transfers were made daily and four or five tubes inoculated. On some of them the growth would usually fail.

In no case were the diplococci found except in connection with the lesions of the disease. So far as could be learned from culture, of blood, liver, spleen and kidneys which were made at each post-mortem examination, it never produces septicemia. It is possible that it may occasionally have been present and not grown on the cultures. The results of inoculation show that the organism has but feeble pathogenic powers for rabbits and guinea pigs. All of the inoculations made in the subcutaneous tissues were negative. More successful results were obtained from inoculations into the peritoneal and pleural cavities. Inoculations made into the spinal canal in rabbits, guinea pigs and cats in all cases gave negative results. Out of a large number of inoculations made into the peritoneal and pleural cavities only six guinea pigs died. The only successful inoculation resulting in the production of a typical meningitis was made on a goat. This animal was inoculated in the spinal canal with one cubic centimeter of a bouillon suspension of a pure culture of the diplococcus from an acute case at the Massachusetts General Hospital. The inoculation was made in the afternoon, and the animal was found dead the next morning at 10 o'clock, having evidently been dead for several hours.

Lumbar puncture was performed in sixty-six cases, and in some of these several punctures were made. Diplococci were found either on microscopic examination or in cultures in forty-six cases. In twenty of the cases they were absent. The average duration of time from the onset of disease before spinal puncture was made was seven days in the positive cases and seventeen days in the negative cases. The longest time after onset in which the puncture was positive was twenty-nine days. The negative cases were most numerous in the early part of the epidemic, before we had realized how difficult it was to obtain cultures of the diplococci in all cases. When but few organisms were present they could easily be missed on microscopic examination, and even when present in large numbers cultures made in the usual way, by spreading a loop full of the exudation on the surface of the medium, frequently showed no growth. Toward the last of the

epidemic there were no negative results when the spinal puncture was made early and the tubes inoculated with a large amount of material. The character of the fluid obtained varied greatly. In some cases, even diplococci were found in it, it was almost clear, showing only a slight turbidity when held before a dark background. In most of the cases where the puncture was made early in the disease the fluid was turbid, in some almost like pus, and in twenty-four hours a large sediment formed in the bottom of the tube. When the fluid was most turbid there was little or no formation of fibrin; in some cases the fluid became gelatinous on standing, from the abundant formation of fibrin. We have not considered those cases in which no fluid was found and those in which pure blood was obtained.

Interesting results were obtained in those cases in which several spinal punctures were made during the course of the disease. In these cases there was found a diminution in turbidity, often accompanied by absence of organisms in fluids withdrawn last. In one chronic case three punctures were made, one before, one after and one during an exacerbation. In the fluid obtained before and after the exacerbation no diplococci were found. The fluid obtained by the puncture during exacerbation was more cloudy and contained diplococci.

Microscopic examination of the fluid agreed perfectly with the character of the lesions in the meninges. In the fluid obtained in early punctures two to three days after the onset almost the only cellular elements were polynuclear leucocytes. Later the large epithelioid cells of the meninges were found among the pus cells, often enclosing them. A small number of lymphoid cells were found in many cases and were numerous in the chronic cases. The number of diplococci found on microscopic examination varied greatly. In some cases they were so numerous that in every field several cells containing them were found; in other cases they were found only after prolonged search for them. They were occasionally found in the fluid, their presence here being probably due to the

rupture of pus cells containing them in making the preparation. They were only found in the polynuclear leucocytes.

No ill effects were seen from spinal punctures. A note in the history of one case says the patient became very much quieter and slept after the operation. Too much cannot be said of the importance of the procedure in making the diagnosis of the disease. There should always be a microscopical and bacteriological examination of the fluid obtained, in order to determine what organism is present. If the puncture be made early enough there need be no difficulty in distinguishing the organisms and the character of the meningitis. Acute meningitis may be due to a variety of organisms, and it is important to know which is present, for this has an influence in making the prognosis, and in the future it may be of importance in influencing the treatment. By this means the character of the meningitis in sporadic cases can be established, for there is a great lack of definite information about these cases.

Post-mortem examinations were made in forty-three cases. The lesions of the disease may be divided into those affecting the meninges, those affecting the tissues of the brain and cord, those affecting the nerves and those affecting distant organs. The pathological process in the meninges consists in inflammation with purulent, sero-purulent and fibrino-purulent exudation. The character of the lesions is greatly influenced by the duration of the disease. In the most acute cases there is very little exudation. The blood-vessels of the pia-arachnoid are injected; not only do the large blood-vessels appear as red lines, but the entire surface of the brain may have a pinkish hue, due to the injection of the smaller vessels. The exudation appears in yellowish lines in the sulci along the vessels and in some cases there is little more than slight cloudiness.

In the more advanced cases, those dying from five to twelve days after the onset, the amount of exudation is much greater and it contains more fibrin. There may be a great amount of it at the base of the brain and the medulla may be embedded in it. In the chronic cases in which death takes place two weeks or more after the acute onset, in the place of an acute inflammation there is a

dense and general thickening of the meninges. The meninges along the vessels are thickened and whitish; there is little evident exudation, yellowish circumscribed foci scattered here and there marking the remains of it. In one of the most chronic cases, in which the duration of the disease could not be ascertained with certainty owing to the mental condition of the patient when he was brought into the hospital, the appearence simulated that of general paralysis. In another case of more than a month's duration, in addition to a general thickening of the meninges, the entire medulla was so embedded in a dense mass of connective tissue that it was difficult to remove it.

The cord is always affected to a greater or less extent, and in some cases the lesions in the cord were more marked than those in the brain. In the acute cases the injection of the inner meninges is not so marked as in the brain, but there is intense injection of the dura. The amount of fluid in the sub-arachnoid space is greatly increased, and a large amount escapes on opening this. The fluid is cloudy and may contain floculi of fibrin and pus. The exudation is always most marked along the posterior surface of the cord, and may be found here in large amount, while the anterior surface may show only cloudiness and injection. All parts of the cord are not affected to the same degree; there is usually more exudation along the dorsal and lumbar cord than along the cervical, though the reverse of this was often found.

The lesions of the tissue of the brain and cord varied greatly in the different cases. There were few lesions to be made out by the naked-eye examination. Microscopically there were small hemorrhages and foci of cellular infiltration at various places. Both in the vicinity of these foci, and at a distance, active proliferation of the neuroglia cells was found. In some places, particularly in the cerebellum, the acute inflammation in the meninges extended into the cortex, producing softening and purulent infiltration. The cranial nerves were affected to a greater or less degree in all cases. The nerves most affected were the second, the fifth, the seventh and the eighth. The nerves were embedded in the exudation which extended along

them. On section they were swollen and reddened. The Gasserian ganglia were removed in a number of cases, and in all they were found swollen and softened. The olfactory bulbs were in some cases slightly swollen. The exudation could often be followed along the seventh and eighth nerves into their foramina. The spinal nerves were also affected. The nerve roots were embedded in the exudation and the spinal ganglia red and swollen. The exudation around the nerves was often particularly prominent around the nerves of the cauda equina.

The only remote organ in which lesions directly due to the action of the diplococcus intracellularis was found was the lung. In nine cases pneumonia due to this organism was found. The lesions in the lung consisted of areas of consolidation in various parts of the lung, more particularly in the lower lobe, and they were most numerous beneath the pleural surface. The foci varied in size from a pin's head up to that of a bean, and on section some of them resembled small hemorrhages in the tissue. In other cases the periphery of the area was distinctly hemorrhagic and the center opaque and yellowish. The number of these areas varied. In some of the cases but few were found, in others they were numerous. In one case the consolidation in the lung was so extensive that it might easily have been regarded as croupous pneumonia, particularly as the pleura over it was covered with a definite fibrinous exudation. On section the large area was composed of a number of irregular grayish foci, with softened centers and with hemorrhagic and edematous tissue between them.

The lung tissue in the yellowish centers was frequently broken down, and pus oozed from this. The bronchi in these places contained more or less muco-purulent material, but there did not seem to be that relation between the bronchi and the areas of consolidation which was found in broncho-pneumonia.

On microscopical examination fibrino-purulent inflammation was found, with immense numbers of the diplococci in the pus cells of the alveoli. The duration of the disease in the cases in which the diplococcus was found in the lungs was, in two cases, three days; in one case, two

days; in two, five days; in one, nine days; in one, twenty-three days; one, seventy-four, and in one the duration was unknown. The average duration was fifteen and one-half days. It will be seen from these figures that the lung complications due to the diplococcus can take place in almost any period of the disease. In the case of seventy-four days duration the lesions in the brain and cord could be regarded as almost completely healed and the lesions in the lung were acute. In one case, in which the apparent history of the disease was only of two days' duration, the lung lesions were so advanced that they seemed possibly to antedate those of the brain, providing the history as given by the patient's relatives was accurate.

The other organs presented little of importance. There was great variation in size of the spleen. In general it is not much enlarged, and is probably smaller than in most of the acute infectious diseases. The average weight in the cases in adults was 163 grams, which is but slightly above normal. In uncomplicated cases the lymphatic glands were never found enlarged. Both liver and kidneys showed a varying degree of parenchymatous degeneration. The intestinal canal was normal. In two cases pericarditis was found, combined in one case with foci of necrosis extending into the myocardium. Both of these cases were negative for micro-organisms both on cultures and microscopical examination of the tissues. It is posible that both these cases were due to the meningeal organism, which for some reason did not grow in cultures. Martin has recently reported a case of acute endocarditis in which the diplococcus was found.

According to the course of the disease the cases could be divided into three classes—the acute, the chronic and the intermittent. In the acute should be reckoned those cases in which the active symptoms last not more than fifteen days. In the fulminating type those cases should be included which are fatal within forty-eight hours from the onset. The chronic form includes those cases in which the symptoms from the beginning are not so active, and in which during the course of the disease there are remissions and exacerbations. The intermittent form is founded

mainly on the character of the temperature. In this there may be complete intermissions of the temperature with or without abatement of the other phenomena. It would seem probable, from some results which have been obtained from spinal puncture, that the exacerbations in this type correspond to multiplication and fresh invasions of the organisms causing the disease, they having previously been quiescent.

The acute fulminating form of the disease seems to have been more common in the early epidemics than in the late. In the first epidemic in Massachusetts, Jackson says many of the cases died suddenly in ten to twelve hours after the first symptoms. Cases are reported in which death took place five hours after the initial symptoms. Hauser made an autopsy on a case which died in six hours, and found only injection and cloudiness of the meninges.

Eight of our cases were extremely acute. In five of these the time from onset to death was three days, in one two days and in two about thirty-six hours. Certainly in one of these cases the history seemed to have been at fault, for at the autopsy there was extensive diplococcus pneumonia.

The chronic form includes those cases which Hirsch grouped under the typhoid form. In thirteen of the fatal cases in this epidemic the average duration of the disease was forty-three days. In one case, in which a post-mortem examination was made, the duration was seventy-four days, and in another the time given was thirty days, and may have been much longer. In two of the cases which recovered, and in which the disease ran a typical chronic course, with numerous complications, remissions and exacerbations, the duration was five months.

The symptoms in these chronic cases may be due to the persistence of conditions left by the acute attack. The exudation may not be absorbed completely and a slow form of inflammation may be developed. The condition of the patient in these chronic cases seems often to be due to an extensive and general neuritis. I have found in

these cases extensive degeneration in the cord and nerve roots and a less marked degeneration in the peripheral nerves.

Intermittent and remittent types were common in this form. The disease is characterized by decided remissions, or in some cases actual intermissions, in which not only the fever, but all of the other symptoms of the disease abate. The remissions may be followed by exacerbation of all the symptoms. These cases are probably due either to the successive involvement of parts of the meninges which have been hitherto free from inflammation, or to a fresh growth of the organisms. A case seen at the Children's Hospital would point to this. In this case two spinal punctures made at periods of remission showed an almost clear fluid, with absence of organisms, microscopically or in culture. A spinal puncture made during one of the exacerbations gave a cloudy fluid, containing numerous pus cells and diplococci.

In 111 cases in which the symptoms were analyzed, vomiting was absent in but forty-one, and in nearly all of these stupor and unconsciousness or delirium was marked from the beginning, Vomiting may appear among the initial symptoms, or later in the course of the disease. It is generally regarded as cerebral in origin and due to direct or reflex stimulation of the vomiting center. Delirium was present in 60 of the 111 cases. The character of the delirium varied greatly, sometimes being so violent that the patient had to be forcibly restrained; in other patients it was of the low, muttering variety. In many cases it developed very early, and in others at a late period of the disease. It was not more frequently present in the cases which died than in those which recovered. Some patients were delirious from the time they entered the hospital until death; in others there were periods of delirium, alternating with periods of consciousness. The attacks of delirium were not always coincident with increase of temperature and aggravation of the other symptoms.

Almost without exception pain was a constant phenomenon in the cases observed in this epidemic. The head-

ache was often agonizing, and was felt either generally or to a greater degree in certain portions of the head. Patients often complained of headache in the occipital region, extending down the back; in other cases the headache was frontal, and often assumed the character of an intense neuralgia. In a few cases, mostly in children, the first symptoms of the disease were colicky pains in the abdomen and in some cases pains in the extremities. Patients often buried the head in the pillow to shut out light and sound. In the course of the disease the pain varied in character and intensity. There were periods in which the patient was free from pain, alternating with periods in which the pain would become more intense. These severe attacks of pain were often followed by periods of unconsciousness. Pain was more constant in the head than in any other part. The pain suffered can easily be accounted for. The general pain in the head is due to the inflammation of the meninges. The neuralgic character of the pain may in some instances be referred to the extension of the process from the meninges to the Gasserian ganglia; the pain in the cervical region and back may be referred to pressure exerted by the exudation on, or inflammation of, the posterior nerve roots.

NECK SYMPTOMS.

Symptoms referred to the neck were found in all but twenty-eight cases. In many cases there was pain in the neck, sometimes spontaneous or produced by pressure. In many there was simple stiffness in the muscles, without contraction or retraction of the head. In all these cases any attempts to move the head or neck increased the pain. The muscle contractions were sometimes limited to the neck; in some cases the muscles of the back were also affected, producing opisthotonos. In one case in which the neck symptoms were absent the post-mortem examination showed that the cervical cord was very slightly affected. It is obvious that all these symptoms can be referred to the effect of pressure on, or inflammation of, the spinal nerve roots.

COMA, ETC.

Various disturbances of consciousness, which varied from stupor and drowsiness to deep coma, were noted. In some cases coma came on in the beginning, and the patient remained in a comatose condition until death; in other cases it was among the later symptoms. Variations may appear not only from day to day, but from hour to hour. Insensibility will suddenly give place to consciousness, intense pain in the head may cease and a marked opisthotonos may suddenly relax. Paralysis was rare. In two cases there was unilateral facial paralysis; in one, bilateral; in one, paralysis of the right leg, and in two, complete hemiplegia. In one of the cases of hemiplegia, in which a post-mortem examination was made, the exudation in the meninges was much more abundant on the side opposite the paralyzed side, and there was marked purulent infiltration of the cortex. Minute foci of hemorrhage, with surrounding purulent infiltration, were found in the internal capsule.

Affections of the skin seem to have played a much greater part in the early epidemics, and were especially marked in the epidemics in Ireland. Herpes was mentioned as occurring in thirty-five cases. It is possible that its presence was not always noted. The amount of it varied from an eruption of a few fine vesicles to an abundant eruption of large vesicles. Cultures were not made from the contents of the vesicles. Petechiae, or larger hemorrhagic foci in the skin, were found in eleven cases. They were most abundant in two fatal cases, the duration in one case being two days, in the other seven days. In the two-day case, that of a child, there was present all over the body an abundant eruption, which developed with great rapidity. The spots were more commonly found over the elbows and knees. Circumscribed areas of hyperemia, which disappeared on pressure, were mentioned in a few cases. Hemorrhages in the skin were found in but one of the cases in which a post-mortem examination was made. In the centers of some of these there was a beginning formation of pustules.

PNEUMONIA.

The relation between pneumonia and the epidemic meningitis has been complicated by confusing other forms of meningitis with this. Meningitis is sometimes seen in connection with acute croupous pneumonia, and is due to a metatasis from the lungs. And from this it has become a common belief that pneumonia is a frequent complication even of epidemic meningitis. In most cases the character of the pneumonia is not defined, but it is apparent that croupous pneumonia is referred to. It has been frequently stated that epidemics of pneumonia have occurred at the same time with epidemics of cerebro-spinal meningitis, and this statement has been used by those who sought in the pneumococcus the cause of epidemic meningitis. We have not been able to find the authority for such a statement. It is very possible that the opinion of the relation between the two may be due to the fact that both diseases are more common at the same time, that is, in the late winter and spring. Practically all of these accounts of the relation between the two diseases come from clinical sources.

In several cases there were small foci of broncho-pneumonia and small areas of congestion in the lungs from which the pneumococcus, along with other organisms, was obtained. It is very possible that many of the cases of pneumonia which have been reported in connection with epidemic meningitis were not cases of genuine croupous pneumonia, but cases of diplococcus pneumonia. This was found in nine cases, and in one the amount of lung involved was so extensive that it could have been mistaken both clinically and anatomically for a case of croupous pneumonia.

Affections of the eyes are common, and can easily be due to three causes. In the first place there may be neuritis or degeneration of the nerves of the eye, due to their involvement in the exudation at the base of the brain without any extension of the inflammatory process to either the orbit or the eye. This condition seems to affect the oculomotor more than the other motor nerves. Pressure

of the exudation around the nerves may cause paralysis, which is often temporary. The optic nerves may also be involved in this exudation. Secondly, the inflammation from the meninges may extend directly from the brain into the eye, the route most frequently chosen being the pia-arachnoid of the optic nerve. All of the cases of purulent choroido-iritis, and the very rare cases of suppuration in the orbit, are probably due to such an extension. Most of the ophthalmologists seem to have a deeply rooted belief that these conditions are due to metastasis, but it is plainly not a metastasis, but a direct extension. Undoubtedly there are cases of metastatic choroido-iritis seen in connection with other forms of meningitis, but in these cases both the meningitis and the eye lesions are due to metastasis. Such are the cases of meningitis accompanying acute endocarditis, croupous pneumonia and certain other infectious inflammations. The lesions of the cornea may be due to an extension of the inflammation to this from the iris and ciliary region, which was undoubtedly true in one case examined. The third cause of the eye lesions, and that to which most of the cases of keratitis in meningitis are due, is neuritis of the fifth nerve, with inflammation and degeneration of the Gasserian ganglion and loss of sensation. There are no lesions due to tropho-neurosis. Purulent conjunctivitis, which is frequently found, may also be due to this lack of sensation. We have but one record of the examination of the pus from the conjunctiva, and no diplococci were found.

Some confusion has existed in the minds of writers as to the relation between otitis media and meningitis, some regarding the ear affections as primary, others as secondary to the meningitis. There are forms of meningitis which are secondary to ear disease, and result from the extension of the inflamation in the ear to the brain. In all the cases which we have seen of this the infectious organism was either the pneumococcus or the streptococcus. The ear lesions of epidemic cerebro-spinal meningitis are always secondary. In the notes on our cases pathological conditions relating to the ears are mentioned sixteen times. The conditions found varied from pain

and mastoid tenderness to deafness with or without otitis media. One case was operated on for mastoiditis and pus was found in the sinuses. Otitis media developed in five cases, and in three of these the pus was examined for diplococci. The organisms were found enclosed in pus cells in all three of the cases examined. These cases of secondary otitis media with diplococci in the pus cells are important, from the possibility of further infection which they offer. They also furnish proof of the extension of the infection from the brain.

Acute inflammation of the joints often occurs in this disease, and the frequency of joint affections varies greatly in different epidemics. In six of our cases acute inflammation of the joints was found. Five of these cases recovered. At all of the post-mortem examinations the articulations were examined with great care, but no lesions were found in them. It is greatly to be regretted that the opportunity was not given for careful bacteriological and histological examination of this interesting condition, to ascertain its cause and its relation with the other lesions of the disease.

BLOOD.

Blood counts were made in thirty-three cases. In many of these a number of counts was made at varying intervals throughout the disease. Leucocytosis was always present. The highest number of leucocytes in any case was 31,000; the smallest number was 9350. In general, when several blood counts were made during the course of the disease it was found that the leucocytes gradually diminished towards the end of the disease in those cases which recovered. Differential counts showed that the increase was due to the polynuclear leucocytes.

The pulse and temperature of the disease may almost be said to be characterized by the lack of characteristic features. All observers are agreed upon this. There is no relation between the pulse and temperature; a gradual decending temperature curve may be accompanied by a

corresponding ascent in the pulse curve and *vice versa*. In studying a large number of charts this irregularity of temperature is most striking. Single charts might be selected which for a week or more show a curve very similar to that of typical cases of typhoid fever. The four-hour charts show the same irregularity as the morning and evening charts. In one case there was a rise of 5° during the visit of the attending physician. It was not possible to obtain a temperature chart for the whole period of the disease. A variable length of time, from one day to several weeks, elapsed from the onset of the disease until the patient entered the hospital. It would be very important to have a few observations of temperature from the onset. All the observations on temperature which have been recorded were made on hospital patients, in all of whom the beginning of the fever was not recorded. These variations in temperature do not seem to have been dependent upon complications of the disease. In one case the onset of acute croupous pneumonia was marked by a sudden rise in the temperature. While we believe that it would not be possible from a single temperature to diagnose the character of the disease, the observation of a number of charts in an epidemic would enable us to be certain of its character.

MENTAL CONDITION ON RECOVERY.

The influence of epidemic meningitis in producing a permanent impairment of the mind has not received the attention it should have. It is certain that pathological alterations may be produced in the brain which are not easily recovered from. Baxa found that the disease was sometimes followed by idiocy. According to Blümm, the influence of the disease on the intelligence may be marked. In our cases there are notes on abnormal mental conditions of four patients at the time of discharge from the hospital. Marked mental impairment was noted in two cases, a third was irrational and childish, and a fourth was stupid and did not recognize his relatives. None of

these cases could be followed up to see whether the mental disturbance was permanent.

The surest method of diagnosis in meningitis, and one which should always be carried out, when possible, is by lumbar puncture. The method is easy, and experience has shown it to be devoid of danger. If properly carried out in the early stages of the disease, which is the time when there is most difficulty in diagnosis, it is almost conclusive. It certainly deserves to be ranked as a method of diagnosis with the examination of the sputum.

REPORTS.

TRUSTEES' ANNUAL REPORT, 1898.

Mr. President and Gentlemen:

The Board of Trustees has the honor to report:

That during the past year the same officers have been continued as during the previous year.

That the management of the Buildings has remained in the care of the same House Committee as during the previous year.

That the Treasurer of the Board, who is also Treasurer of the Faculty, will report in writing its receipts and expenditures.

By the death of Dr. H. P. C. Wilson, a vacancy was created in the Board. This vacancy was filled as per constitutional provision, by the election of Dr. Clotworthy Birnie for the unexpired term of the late Dr. Wilson.

A number of meetings have been held jointly with the Executive Committee, whose report will state the work accomplished.

The Faculty is called upon to elect one Trustee at this meeting, the term of Dr. I. E. Atkinson ending, he having drawn the lot for three years' service.

All of which is respectfully submitted.

L. M. Tiffany,
T. A. Ashby,
George H. Rohé,
G. Lane Taneyhill,
Wm. Osler,
I. E. Atkinson,
Wilmer Brinton,
George J. Preston,
William H. Welch,
Clotworthy Birnie.

REPORT OF THE TREASURER.

Receipts	$2,628 00	
Expenses	2,445 54	
Balance		$182 46

Financial Statement of Trustees.

Receipts	$ 549 22	
Expenses	387 37	
Balance		$161 85
Total Balance		$344 31

Totals.

Receipts of Faculty	$2,628 00	
Receipts of Trustees	549 22	
Total Receipts		$3,177 22
Expenses of Faculty	$2,445 54	
Expenses of Trustees	387 37	
Total Expenses		$2,832 91
Total Balance		$344 31

Building Fund.

Cash Receipts	$1,974 48
Deposited in Savings Bank	1,974 48

Itemized Receipts of Faculty.

Frick Library	$ 700 00	
Dues of Members	1,618 00	
Membership Fees	275 00	
Advertising in Transactions	35 00	
Total		$2,628 00

Itemized Expenses of Faculty.

Frick Library	$700 00	
Library Committee	781 40	
Transactions, Printing and Mailing	197 73	
Interest on Mortgage	350 00	
Telephone	106 98	
Postage and Collecting Bills	50 00	
Insurance on Library, 5 years	72 00	
Reporting Meetings	29 18	
Printing and Stationery	80 20	
A. Hoen & Co., Diplomas	20 00	
Incidentals	58 05	
Total		$2,445 54

Itemized Receipts of Trustees.

Balance on hand, April 28th, 1897	$123 22	
Pharmaceutical Exhibit	90 00	
Rent of Hall	336 00	
Total		$549 22

Itemized Expenses of Trustees.

Repairs to Building	$ 63 86	
Janitor	165 00	
Water Tax	27 26	
Coal	131 25	
Total		$387 37
Balance		$161 85

Notes Due Members of Faculty.

B. R. Benson	$ 40 00
J. D. Blake	100 00
Theodore Cooke, Sr	100 00

J. M. Craighill	50 00	
G. A. Fleming	30 00	
Wm. Green	100 00	
S. K. Merrick	100 00	
C. O'Donovan	100 00	
A. C. Pole	100 00	
J. B. R. Purnell	25 00	
G. B. Reynolds	100 00	
G. L. Taneyhill	100 00	
		$ 945 00
Due Clinical Society		1,000 00
Mortgage on 847 N. Eutaw Street		7,000 00
Total		$8,945 00

Number of Members.

City Members		337
County Members		156
		493
Deceased during year	10	
Resigned	3	
Suspended for 3 years Non-payment Dues	7	20
		473

T. A. Ashby, M. D.,
Treasurer.

REPORT OF EXECUTIVE COMMITTEE.

Mr. President and Gentlemen:

The Committee at its first meeting, in accordance with a rule adopted by the Faculty, appropriated for the Library Board, for the year 1897-98, the sum of $1,000.

Arrangements were made to hold the semi-annual meeting at Ocean City, in September. The gathering, which was a most successful one in every way, was attended by a large number of members from the Eastern Shore, and from the neighboring Counties of Delaware.

In connection with the Centennial Committee and the Board of Trustees, the question of the Centennial of the founding of the Faculty, has been discussed at several meetings.

Preliminary steps were taken for the preparation of a volume, to be called the "Medical Annals of Maryland," to be issued with the proceedings of the Centennial Meeting. A Committee was appointed, consisting of Drs. Osler, Harry Friedenwald and Ashby to take charge of the matter. A circular was issued inviting subscriptions at $2.00 for the volume. About 200 have already been received, and it is to be hoped that at this meeting others will subscribe. The Executive and Centennial Committees have placed the preparation of the historical part of the volume in the hands of Dr. Cordell, who will use Quinan's Annals as the basis of the work. Dr. Quinan's copy of the work, which is now in the possession of the Library, contains a large amount of additional material which will be of great service to Dr. Cordell and to the Committee.

Shortly after the last annual meeting, the Executive Committee issued a circular to the members, asking for

subscriptions to pay off the indebtedness of the Faculty. The very generous response will be referred to by the Treasurer; but the Committee feel that much more could be done by the members at large. With the money already subscribed, if 250 members will give five dollars apiece for 1898 and the same sum for 1899, the indebtedness could be cleared off as a most appropriate memorial of the founding of the Faculty.

Among minor details arranged by the Committee, were the re-insuring of the Library and obtaining from the Surgeon General permission to have books sent from the Army Medical Library for the use of members of the Faculty.

WILLIAM OSLER, *Chairman.*

REPORT OF THE LIBRARY COMMITTEE.

Mr. President and Gentlemen of the Faculty:

During the past year the library has made marked progress in many directions, and the profession has shown its sincere appreciation of its usefulness. As an illustration of the increasing value of the library as an educational influence, attention is called to the fact that last year 741 volumes were taken out, an increase of 127 over the previous year, and an increase of over 500 over the year 1896. More striking still, is the fact that during the past year 3,257 persons have made use of the books and journals in the reading room. These figures present the strongest possible argument for a most liberal support of this most important part of the work of the Faculty. The library receives regularly 127 journals, an increase of 9 over last

year. Of this number, 55 are donated by the Book and Journal Club, 7 by Dr. Osler, 43 are subscribed to by the Faculty, and 22 are received through exchange.

The following books have been placed upon the shelves of the library during the past year : From the Frick fund 102 new books, 155 transactions and reports, 85 bound journals, making in all 342 volumes. The Book and Journal Club has added 22 new books. The Library Committee has purchased 21 books, and added 43 transactions and reports and 178 bound journals.

The library has received by donation 872 books, making the total number of volumes received during the past year 1,478.

The Committee is especially gratified by the very large number of books donated during the past year. These donations were as follows : Dr. Ashby 2 volumes, Dr. Bombaugh 57, Dr. Brack 1, Mr. Wm. H. Buckler 28, Dr. Campbell of Owing's Mills 16, Dr. Canfield 97 (in regard to this donation of Dr. Canfield's, it should be said that it is extremely valuable, since a large number of the volumes are new), Dr. Cordell 12, Dr. Finney 71, Dr. A. Friedenwald 2, Dr. H. Friedenwald 2, Dr. Gosweiler 7, Dr. Hardcastle 1, Dr. Hemmeter 2, Dr. H. B. Jacobs 2, the library of the late Dr. C. H. Jones 224 volumes, Dr. Krozer 1, Mr. R. M. McSherry 1, Mrs. Morawetz 98, Dr. Osler 29, Dr. Preston 1, Mr. A. Quinan 1, Dr. Stokes 89, Dr. R. H. Thomas 5, Dr. J. W. Williams 110, Dr. J. R. Winslow 7, Dr. Woods 10.

There have been received 652 reprints, which have been placed in alphabetical order in the pamphlet cases. These reprints have been presented by the following : Dr. Buck-

ley 1, Dr. Canfield 604, Dr. H. C. Coe 1, Dr. J. M. Dacosta 2, Dr. H. Friedenwald 2, Dr. C. H. Knight 3, Mrs. Morawetz 33, Dr. Osler 1, Dr. H. A. Robbins 4, Dr. J. P. Wade 1.

The Committee would suggest to the members of the Faculty that they include the library when sending out reprints.

Theses have been received, through the Smithsonian Institute, from the Universities of Jena, Christiania, Heidelberg, and Aberdeen. Miscellaneous journals, for the completion of sets have been received from Drs. F. M. Chisholm, Gosweiler, Merrick, Moseley, Osler, Preston, G. B. Reynolds, R. H. Thomas, J. R. Winslow, and Messrs. Sharp & Dohme.

The work of cataloguing the library has been going steadily on and may now be said to be practically completed. This work has been done in the most thorough, systematic and scientific manner. In order to give some idea of the magnitude of this work, the following outline of system is given: An author card is made, which bears the surname of the author followed by his initials, the full title of the book, the edition and whether illustrated, the place of publication, the date of publication, the number of volumes, if more than one, and the size of book.

A subject card is made for each subject of which the book treats, containing the subject, the author, the title of the book and the date of publication. A title card is made when the title does not clearly indicate the subject. Joint author cards are made whenever a book has more than one author. All names are given on the author card and cross references made from all the others to the first author mentioned. When the author's name is not given, books are entered under title and subject.

During the past year Miss E. Baker has beautifully fitted up the Librarian's room, in honor of her father, Dr. Samuel Baker, one of the founders of the library. Miss Baker also presented a portrait of her eminent father.

The alumni of the College of Physicians and Surgeons presented a portrait of Dr. A. B. Arnold; Dr. John Morris, a portrait of Dr. Hintze and also one of himself; Mrs. White, a crayon of Dr. George Frick and his diploma, and certificate of membership of the Medical and Chirurgical Faculty; Dr. Osler, an engraving of Dr. J. D. Godman, and Mrs. L. H. Steiner, a photograph of Dr. Charles Frick; Dr. Nolen, a certificate signed by Dr. Samuel Baker.

From the above report it will be seen how greatly the library is indebted to the liberality of the Messrs. Frick and to the Book and Journal Club.

The appropriation set aside for the use of the library during the current year by the Executive Committee of the Faculty was $1,000.

The amounts expended are as follows:

Subscription to Journals	$274 25
For Binding	174 20
Library Supplies	42 80
New Books	33 70
Librarian's Salary	355 00
Janitor's Salary on part of Library	60 00
Total expenditures	$939 95

Leaving a balance of $60 05.

In regard to this balance, it must be said that it will not be sufficient to do the binding that is necessary.

In addition to the above, there was turned over to the library account from the Nurses' Directory, the sum of $51.22. To this is to be added the sum of $27.32 derived

from library fines. Of this sum, the amount of $38.72 has been expended for expressage on books, stamps, etc., leaving a cash balance of $39.82. The money derived from fines is used to pay incidental expenses in the library, such as expressage, postage, additional help in cleaning the building, books, etc.

It is hoped that before long the Faculty will be able to increase the appropriation of the library to the amount necessary for all the journal subscriptions, thus allowing the funds from the Frick Library and Book and Journal Club to be devoted exclusively to the purchase of new books.

Finally the Committee wishes to express its sincere appreciation of the excellent work done by the Librarian, Miss Noyes, which has contributed markedly to the success of the library.

Respectfully submitted,

GEORGE J. PRESTON, *Chairman*,
WM. OSLER,
S. K. MERRICK,
EUGENE F. CORDELL,
HARRY FRIEDENWALD.

REPORT OF THE BOARD OF MEDICAL EXAMINERS OF MARYLAND TO THE MEDICO-CHIRURGICAL FACULTY OF MARYLAND.

HAGERSTOWN, Md., April 27th, 1898.

Since its Report submitted at the April, 1896, meeting, the Board of Medical Examiners has prosecuted its work in conformity with the law, and in accordance with its interpretation of the statutory provision intended to give effectiveness to the Regulation of Medical Practice.

The Regular Examinations have been held semi-annually, and during the past two years there have been 206 applicants for examination, of whom 125 received Licenses to register as Physician and Surgeon, and 81 failed to secure Licenses. During the same period 38 applied for special examinations, which in the language of the law is intended for, and limited to "Physicians and Surgeons of good moral and professional standing, who shall hereafter come into this State with intent to follow the practice of Medicine and Surgery." Of this number 36 were granted License to register, and 2 were denied. In addition 12 applicants were denied examinations, as they could not comply with the law.

Since the organization of the Board of Medical Examiners, there has been published annually in the Maryland Medical Journal, a summary of the results of the examinations. These reports while concealing the personal identity of the applicant, revealed the College of his graduation, and gave the rating he received in the various branches in which he was examined, as well as the average rating upon which the granting of License was determined. With this summary, and constituting a part of it, the questions submitted to the applicants at the regular spring examinations have always appeared. As the number of applicants examined in the Autumn has been quite limited, and the publication of the questions would occupy two or more pages of valuable space they were not published.

It was thought that those submitted at the spring examinations would sufficiently present to the Faculty the character and scope of the examinations and likewise furnish the necessary basis for criticism or suggestion.

It is unnecessary, and it would perhaps be inappropriate on this occasion, to speak of the reasons for a law regulating the practice of Medicine. It is permissible,

however, for the Board of Medical Examiners, with a knowledge gained in the performance of its duties, with no material or personal interests to serve, to express its conviction that the efforts of this Faculty in securing legislation to guard the entrance to the profession, have been in the line of its advancement and elevation, and in full accord with the earnest efforts of the truly professional men in a large majority of the States of the Union and indeed throughout the world.

The practical operation of the law reveals its defects as well as its merits.

Chapter 296 of the Acts of 1892 provided for the creation of the Board of Examiners and specifically named the branches of study in which applicants should be examined. Some of these branches can be properly termed non-essential, are not taught in many Medical Colleges, and, in the opinion of the Board, could be omitted without detriment. The Board has, however, considered this fact and has estimated the papers thereon more as an index of the general intelligence than of knowledge of the special subject, and has rated accordingly. Let us illustrate by the following answer to the question "What are the post-mortem evidences of death by hanging?"

"The post-mortem appearances of a man after hanging would be the mark of the cord around his neck, tongue swollen, and protruding from his mouth, eyes extending from the orbits and blood-shot. In this case I also find his neck broken. His hands are tied behind him, legs tied, no other marks are found on his body. As further evidence, I see the rope and scaffold and further a law suit and conviction. I therefore determine that this man was hanged."

This certainly indicates a mental condition showing great lack of the preliminary education, which is one of the fundamental features of the law, Medical Jurisprudence, Hygiene, and Gynæcology are the subjects to which we make this particular reference and the discussion at the Special Meeting in December indicated that the Faculty was in sympathy with the Board upon this subject.

While the Secretary is directed "To inquire into all violations of law, * * * and to institute all proceedings or prosecutions thereof," it is apparent to the most casual observer that, however vigorous and earnest, neither he nor any one can conduct a successful prosecution unless informed of the facts necessary to make out a case. This information can only come from those possessed of it, and if your knowledge of the facts of illegal practice is withheld, do not, in justice to others, censure any but yourselves, if offenders go unwhipped of justice. The Secretary has many letters announcing that Dr. Blank is practising illegally at Blank, without presenting a fact upon which to proceed, and hampering him with the closing injunction "Do not, in these proceedings, mention my name."

With only a general declaration, without the details of a case or time of professional service, with regular physicians certifying that applicants for "permits to practice" were *legal* practitioners prior to 1892, even though not possessed of a Diploma, with members of this Faculty appearing in the Court House throwing the moral support of their presence to the cause of the defendant, with other Physicians upon the witness stand, swearing themselves to be the preceptor of the defendant, thereby giving him in the eye of the sympathetic and friendly officers and

jurors a way of escape through the laws, exemption of "persons temporarily practising under the supervision of an actual medical preceptor;" we have thus submitted to you some of the difficulties encountered in enforcing the penalties of the law. They can, however, be easily remedied by the courageous co-operation of the individual members of the profession. Apprehending indifference from the commonwealth's representatives by reason of resentments and local influences, special counsel has been employed, but with the adverse agencies above named, we have won but little success in the performance of this vexatious and exceedingly disagreeable duty. These features, however, are incidental and subordinate.

The real test, by which the value of this law is to be determined, is the personal character and professional ability of the members of the Examining Board, the manner in which the examinations are held, the suitableness and scope of the questions propounded, whereby the fitness of the candidate is to be determined, and the fairness of the rating placed upon the answers submitted. In the discharge of its important duty the Board of Medical Examiners, conscious of the great power with which it has been entrusted, has felt the influence of but one purpose, and that was to do even handed justice to the applicant for License to the profession and to the public, that the purposes of the law might be realized and the evils which brought it into existence, be destroyed.

The Board claims no superiority to other men. With two exceptions its *personnel* is the same as selected six years ago and in the prosecution of its duties was encouraged to believe that its work was in the main approved; as evidenced by vote of thanks to the Secretary, upon presentation of his report April 29th, 1896; vide pp. 17, 18, "Transactions of 1896."

In the preparation of questions for examination, which are subjected to revision by the Board, it has been our unvarying effort to formulate inquiries free from the semblance of an attempt to entrap the unwary or inapt, such as would secure answers which would enable the Board to pass a correct judgment upon the applicant's qualification to practice his high and responsible calling upon a trustful and helpless public.

With the exception of some good-natured chaffing, by a few of our observant brethern, about some of our questions and the more severe criticism of our supposed indifference to dishonorable practices, popularly termed "cheating," the progress of the work might be termed uneventful until the results of the May (1897) examination were announced. In view of the representations made that the confidence which the Board had heretofore reposed in the honor of those applying for examination had been misplaced, it was determined that the identification card, which each applicant returns to the Secretary, at the close of the examination, should embrace a signed statement that he had neither given nor received assistance during the examination. Every card was so signed, sealed and delivered. It may be well to state here that the Faculty may have full knowledge of every occurrence, (and we go into these details only because of the widespread misunderstandings or misrepresentations about this examination, whereby the Board has, as we think, been subjected to unwarranted criticism), that this May (1897) Examination was held in Hazazer's Hall, a room of ample size, and that a sufficient number of single desks had been provided for those whose applications had been received up to the evening previous to the meeting, and that had it not been for the extra and unexpected number of applicants filing their papers immediately before the

examination, there would have been enough single-desk room for all. The desks had been suitably placed and spaced by the janitor, under the direction of one of the resident members of the Board, in front of the platform, so as to be easily under the observation of the member conducting the examination. While the papers of the tardy applicants were being examined by the Secretary, the applicants at the hour appointed for the examination entered the Hall *en-masse*, and moving the desks and chairs off to either side of the Hall, huddled together, under the galleries, the purpose of which was as apparent as the act.

Two futile requests that the chairs and desks be replaced as found, and a third request, fortified by the announcement that the examination would not begin until they were restored, and that the time so lost would be charged to the examination, secured some semblance of a restoration of the displacement.

The members of the Board, during their work of review, discovered numerous instances of violation of pledge, which were confirmed by comparison of papers. The proof of dishonor was ample and convincing. A grave question confronted the Board. Hitherto decisions rested solely upon attainments; here was injected an element of character which not only demanded action, but which so tainted the evidence that it was impossible to determine qualification.

Resting upon the conclusive proof afforded by inspection and comparison the Board determined to do what it believed this Faculty, whose servants we are, would have us do. We cancelled the papers of everyone showing that the pledge of honor had been wilfully broken. Of the 97 applicants for examination, 37 were denied License because of failure to receive the requisite average rating,

and 13 failed to receive License because of cancellation of papers for the reasons named, so that at this examination the total number of failures were 50, or more than one-half of the entire number.

As was expected, when our course was determined, the announcement of the result was followed by emphatic denials, by demands for return of papers, by denunciations and by threats of legal processes. Convinced that it was right, determined that such practice should cease, and that, so far as it might be possible, the License of the Maryland Medical Examining Board should be a guarantee of honor as well as professional learning, your Board had no step to retrace and no act to undo. Those threatening the law were invited to the Court House, where the full light of investigation would have played upon both, but in no instance was the threat executed. Under a chagrin which we trust was only temporary misguided, not ungracious, some of the Medical Colleges of Baltimore formed an "Association" and addressed the Board at length upon the various effects of this "wholesale rejection," as it was termed. Regretting as deeply as any, perhaps more bitterly, the necessity for its action, the Board explained and defended its course in a communication which became part of the proceedings of the Special Meeting of December 15th, 1897. Of the controversy referred to the Board has no desire to speak, further than to say, that in declining to accede to the request of this "Association" of Medical Colleges to present to the Colleges interested the evidence upon which our results were reached, we merely failed to perceive, wherein the gentlemen of the Committee possessed a superior judgment or where they acquired a right to review our work.

We could no more recognize the right of this Association than the "Association of American Medical

Colleges," but to this Faculty we concede all right and all power. We are your servants and to you we are responsible, and we embody in this report *Statement A*, made up of extracts from the original manuscripts, which in part constitute the evidence, that the pledge neither to give nor receive assistance had been violated.

With no object whatever except to discharge our difficult and responsible duty according to our conception of the law, we have brought to it our best abilities, feeble though they may be. The accomplishment of the results contemplated by laws to regulate the practice of Medicine does not rest solely with examining Boards. They undoubtedly play a most important part, but full success in elevating the standard of Medical Education can only be attained when the individual members of the profession support the cause with their personal sympathy and influence.

We cannot close this report without expressing our sincere and grateful acknowledgments to the Faculty and its officers for the words and acts of sympathy and endorsement which we have received. Whatever of strength, of excellence, of advancement there is to come to the profession must find its channel through this Society, whose influence during a hundred years of existence has been to make its members higher types of the educated professional gentlemen. May that influence so permeate its membership that now, and in the days to come, each and every one of us can truthfully say, in the language of the noble examplar whose kindly face graces these walls, "Whatever I have been, whatever I am, I owe to my profession, to its institutions, to its noble brotherhood."

All of which is respectfully submitted,

J. McP. Scott,
Secretary.

STATEMENT "A."

EXTRACTS FROM PAPERS SUBMITTED TO THE BOARD OF MEDICAL EXAMINERS AT THE MAY, 1897, EXAMINATION, WHICH, IN PART, CONSTITUTE THE EVIDENCE THAT THE PLEDGE NEITHER TO GIVE NOR RECEIVE ASSISTANCE HAD BEEN VIOLATED.

A * * * s in Obstetrics.

Answer 1.—Opthalmia Neonitorum is an opthalmia of the new-born caused by gonorrhœal infection at the time of birth, in the passage through the parturient canal. The prophylactic treatment now adopted in all cases of suspected gonorrhœa is to drop in the eye of the infant immediately after birth one drop of a 2 per cent. solution of silver nitrate; after development the treatment consists of extreme cleanliness the eye being washed out.

H * * * * * * n in Obstetrics.

Answer 1.—Opthalmia Neonatorum is an opthalmia of the new-born caused by gonorrhœal infection at the time of birth in the passage through the parturient canal. The prophylactic treatment now adopted in all cases of suspected gonorrhœa is to drop in the eye of the infant immediately after birth one drop of a two per cent. solution of silver nitrate; after development of the disease the treatment consists of extreme cleanliness the eyes being frequently washed out.

A * * * s in Gynaecology.

Answer 1.—The cervical mucus membrane is felt to be soft and thickened, it bleeds very readily, the entrance of the sound is made difficult and there is an increased and thickened mucus discharge.

Answer 4.—The Broad Ligament consists of two folds of peritoneum extending laterally from each side of the uterus having between its folds the ovary and fallopian tubes on each side.

H * * * * * * n in Gynaecology.

Answer 1.—The sound is introduced with more difficulty;—causes haemorrhage from the cervix—The mucus membrane is felt to be soft and thickened and an increased and thickened amount of mucus adheres to the sound.

Answer 4.—The Broad Ligament consists of two folds of peritoneum extending laterally from each side of the uterus to the abdominal parietes and enclosing in its folds on each side the ovary and fallopian tube.

H * * * * * * n put up an admirable paper—but he gave it to A * * * s, and the penmanship shows he went so far as to write A * * * s, answers on Gynaecology.

H * * * * n in Gynaecology.

Answer 2.—The uterus would bleed easy by touching or making an examination. There will be a history of abortion or the woman getting up too soon after labor. By examination with a speculum of Howard's or Sim's we would find that the fundus of the uterus will be found hanging out of the os, and there will be great pain to the woman when she walks, etc.

Ovarian Cyst.

Answer 3.—You will have to tap over the tumor in the iliac-fossa. By vaginal and rectal touch you will feel the tumor which is generally hard, seen of course only in females. The swelling will be a localized one and will be seen in the pelvis and iliacfossa.

Ascites.

You will get fluctuation all over the abdomen and you would not get anything on vaginal and rectal touch or examination. By tapping in the median line of abdomen you get a clear fluid all over the abdomen a swelling will be and a history of Liver trouble.

H * * * * * * g in Gynaecology.

Answer 2.—You would get a history of abortion or the woman walked about before she should after labor.

By examination with speculum, Sim's or Howard's you will see the fundus of uterus at or hanging out of the os. It will be very tender to pressure and will bleed easily, and the woman will have great pain upon the woman walking, etc.

Ovarian Cyst.

Answer 3.—Swelling will be localized in the pelvis and iliac-fossa. You would have to tap over the tumor in iliacfossa.

By vaginal and rectal touch you will feel the tumor which is generally hard, seen only in female.

Ascites.

All over the abdomen the swelling will be and a history of liver trouble. By tapping in median line of abdomen you get a clear fluid. You get a fluctuation all over abdomen and you would not get anything on vaginal and rectal examination.

L * * * s in Gynaecology.

Ovarian Cyst.

Answer 3.—When patient is on her back the swelling is unilateral. Dullness in front, tympanitic on the sides percussion note varies little on turning patient from side to side and is circumscribed.

Ascites.

Swelling is bilateral, tympanitic in front, dullness on the sides, percussion note varies greatly in turning from side to side.

Answer 4.—The Broad Ligaments are two folds of peritoneum which extend from the sides of the uterus to the wall of the pelvis. The inner and greater part of its superior border on each side is occupied by the fallopian tubes. The part of the superior border not so occupied is called the infundibulo pelvic ligament.

K * * * * r in Gynaecology.

Ovarian Cyst.

Answer 3.—Swelling central, dullness in front, tympanitic on the sides, percussion note varies little on turning patient from side to side.

Ascites.

Swelling bilateral, tympanitic in front, dullness on the sides, percussion note varies greatly in turning from side.

Answer 4.—The Broad Ligament are 2 folds of the peritoneum which extends from the sides of the uterus to the lateral walls of the pelvis. The inner and greater part of its superior border on each side is occupied by the fallopian tubes. The part of the superior border not occupied is called the infundibulo-pelvic ligament.

L * * * s in Obstetrics.

Answer 4.—External examination of the long axis of uterus. This is found to be long in its transverse axis. The hard resisting head may be felt in one iliac fossa and the breach in the other.

On vaginal exam.—The membranes are found in the form of a narrow pouch, the presenting part is often high up and if low you make out the hand, arm or elbow, etc.

K * * * * r in Obstetrics.

Answer 4.—External examination of the long axis of the uterus. This is found to be long in the transverse axis, the hard resisting head may be felt in one iliac fossa and the breach in the other on vaginal examination. The membranes are found in the form of a narrow pouch. The presenting part is often high up and if low you make out the hand, arm or elbow, etc.

REPORT OF TREASURER BOARD OF MEDICAL EXAMINERS.

REPORT OF J. McP. SCOTT, TREASURER OF THE BOARD OF MEDICAL EXAMINERS OF MARYLAND TO THE MEDICO-CHIRURGICAL FACULTY, FROM APRIL 12, 1896 TO APRIL 22, 1898.

APRIL 12, 1896.

Balance in hands of W. F. Lockwood, Treasurer	$ 214 66	
Application fees received by W. F. Lockwood, Treasurer, to Sept. 17, 1896	860 00	
EXPENDITURES BY W. F. LOCKWOOD, TREASURER, FROM APRIL 12, 1896, TO SEPT. 17, 1896.		
Fees returned		$ 20 00
A. H. Taylor, Esq., for preparation of Act of Assembly, visit to Annapolis		150 00
Telegrams		4 22
Postage		6 22
Per diem and compensation for services as Secretary and Treasurer to W. F. Lockwood		163 00
Gratuity of $200 for four years of service		200 00
Compensation to Janitors		16 95

Travelling Expenses of Secretary..		19 05
Stationery and Printing.		56 22
Rent of Desks.....		10 56
Per diem and traveling expenses of Members of Board of Examiners.....		349 20
Advertising meetings for Examinations and announcement of Results.....		38 34
Clerical Assistance.....		30 50
Miscellaneous.....		1 44
	$1,074 66	$1,065 70
Leaving a Cash Balance of.....	8 96	

SEPTEMBER 17, 1896

Cash received by J. McP. Scott, Treasurer.....	8 96	
Fees returned.....		60 00
Rent Hazazer's Hall.....		33 00
Rent of Desks		20 63
Fees to Counsel and Court costs....		70 30
Telegrams.....		2 35
Advertising meetings for Examination and announcement of Results		24 59
Dr. J. M. H. Bateman, per diem and expense to July 1, 1897.....		46 60
James Bordley, per diem and expense to July 1, 1897.....		80 43
J. L. Ingle, per diem and special expense.....		77 50

W. F. Lockwood, per diem and special expense.....	77 50
F. B. Smith, per diem and traveling expense to July 1, 1897.....	42 50
W. W. Wiley, per diem and traveling expense to July 1, 1897.....	48 00
J. McP. Scott, per diem and traveling expense to July 1, 1897.....	81 50
J. McP. Scott, salary as Secretary and Treasurer one year.....	300 00
Stationery for examinations.....	32 49
Miscellaneous, including Postage, Telegram, Stationery for use of Sec'y, Application License, etc...	34 85
James Bordley, per diem and traveling expenses to April 20.....	50 15
W. W. Wiley, per diem and traveling expenses to April 20.....	16 00
F. B. Smith, per diem and traveling expenses to April 20.....	56 50
J. M. H. Bateman, per diem and traveling expenses to April 20.....	33 45
J. L. Ingle, per diem and traveling expenses to April 20, including services for Special Examination.	68 00
W. F. Lockwood, per diem and traveling expenses, including service for Special Examination.....	64 51
Printing Exhibit "A".....	2 25
J. McP. Scott, per diem and traveling expenses to April 20, 1898...	72 25
Miscellaneous, including Postage, Telegrams, Notary Public fees, Stationery for use of Secretary...	16 33

Fee check returned not cashed.....		5 00
Received from Application Fees....	1,595 00	
Cash, W. F. Lockwood, balance in check of $11.97.....	3 01	
Total Receipts.....	$1,606 97	
Total Expenditures.....		$1,416 68
Leaving Cash Balance of.....	$ 190 29	

REPORT OF THE COMMITTEE ON GENERAL SANITATION.

Mr. President and Gentlemen:

The office of the Sanitation Committee, as defined in last year's report, is "to promote the cause of hygiene in Maryland, and to co-operate with other sanitary and philanthropic agencies in quickening a more enlightened public interest in matters of sanitation."

Accordingly, the first active work of your Committee this year was an act of co-operation. That most vigorous offshoot of last year's Conference of Health Officers—the Maryland Public Health Association—held its first semi-annual meeting in November, 1897, and at the suggestion of the Committee on Sanitation, an evening session was held in Levering Hall, on November 19th, under the joint auspices of the State Faculty and the Maryland Public Health Association, for the discussion of the sewerage problem. The whole discussion was most complete and valuable, and there is, no doubt, that the high scientific stand taken by the participants, and the intelligent interest manifested by those citizens present, will be potent factors

in securing for Baltimore City the right system of sewerage. A long and animated discussion of the sewerage problem followed in the daily press, and many of the weekly papers in the Bay counties published communications on the subject. A report of this meeting was published with the other proceedings of the Maryland Public Health Association in the Report of the State Board of Health, and the several papers have reappeared in quite a number of journals.

At the various meetings of the Sanitation Committee during the winter, considerable interest has been manifested on the subject of Sweat Shops. This interest was emphasized by the prevalence of diphtheria and the difficulty of checking the disease in some parts of the city. Arrangements have been made for a discussion of the Sweat Shop system in its relation to the spread of infectious disease, at the annual meeting, in May, of the Maryland Public Health Association. During this meeting the question of vaccination will also receive attention.

Your Committee had the pleasure at a special meeting of endorsing the Vital Statistics act and the Infectious Disease act, two bills which, during the winter, were submitted to the Legislature by the State Board of Health. Both measures passed and have been approved by the Governor. The Vital Statistics bill received numerous and perhaps serious amendments. The Infectious Disease bill lost no essential feature.

Some important work has also been done looking to the future. In view of the fact that Baltimore is almost destitute of any provision for public baths, while New York, Philadelphia, and other cities have made a vigorous start in this direction, it seems desirable that this Committee—the sanitary voice of the great State Medical Society—

should make an effort to arouse public interest in this matter. A programme has therefore been suggested for the evening session of the Maryland Public Health Association on May 12th, when the needs of the city in this line, the work already accomplished, and the methods used in other cities, will be presented to the public. It is hoped that sufficient interest may be awakened to warrant the appointment of a committee to bring the subject before the Mayor, with a request that some definite plan be suggested for supplying this need.

MARY SHERWOOD, *Chairman*,
J. H. HARDCASTLE,
DAVID STREETT,
EDWARD M. SCHAEFFER,
H. H. BIEDLER,
W. J. TODD,
JAS. F. MCSHANE,
A. S. MASON,
JOHN S. FULTON.

REPORT OF THE NURSES' DIRECTORY.

Mr. President and Gentlemen:

At the last annual meeting of the Faculty, it was decided to refer the question of the continuance of the Directory to the Library Committee. At the next meeting of this Committee, it was decided to continue the Directory only until all the nurses registered could be notified of the proposed change. On October 1897, the books of the Directory

were turned over to the firm of Hynson & Westcott, thus passing from the control of the Faculty.

Cash on hand from Nurses' Directory, April, 1897	$31 97
Receipts up to October, 1897	33 00
Total	$64 97

Expenses, messenger service, etc., $13.75.

Leaving a balance of $51.22, which is credited on the Library account already reported.

Respectfully submitted,

GEORGE J. PRESTON, *Chairman.*
WM. OSLER,
S. K. MERRICK,
EUGENE F. CORDELL,
HARRY FRIEDENWALD.

REPORT OF COMMITTEE ON PREVENTABLE BLINDNESS.

Mr. President and Gentlemen:

From the promptness with which almost all of the midwives now cause infants suffering with ophthalmia neonatorum to be sent to the Eye Dispensaries, it is believed that the law bearing on that matter is very generally obeyed, and that thereby many eyes are annually saved. At the Presbyterian Eye, Ear and Throat Charity Hospital it is the rule to inquire carefully into every case of that disease which applies for treatment. As a result three cases were reported to the Health Department from that Institution last spring and two midwives were convicted and

fined. So, for nearly a year, every midwife seems to have done what the law requires. The late Health Commissioner did not send any circulars to midwives in 1897 calling attention to the law and its requirements. The present Health Commissioner has promised this Committee that this shall be done in the near future. It is our opinion that the testing of the eyesight of the school children and calling attention thus early to serious defects will result in the prevention of a number of cases of blindness later on. Finally, it would seem that this Committee might now be discontinued.

Respectfully submitted,

HERBERT HARLAN,
G. A. FLEMING.

April 27th, 1898.

REPORT OF COMMITTEE ON LEGISLATION.

Mr. President and Gentlemen:

The Committee on Legislation accomplished nothing during the Session of the Legislature just closed. The resolution of Dr. John D. Blake, directing the Committee to take early steps to secure some legislation regulating the practice of Midwifery in Maryland, was not acted upon by the Committee, because it was learned that the State Board of Health had similar legislation in contemplation.

A meeting of the Committee was called at the Ocean City meeting to decide upon a course of action with reference to the amendments proposed to the Lunacy Laws. On account of the inability of the Chairman of the Committee to be present on that occasion, only an informal discussion was had. Subsequently a meeting of the Committee was held, in conjunction with the Committee

of the Baltimore Neurological Society, and the bill submitted to the Faculty for its approval at the last annual meeting was unanimously recommended by the members of the Committee present. The bill was redrawn and introduced into the House of Delegates by Hon. John S. Wirt of Cecil County. After a favorable report from the Committee on Judiciary, the bill was recommitted to the Committee at the request of some members of the Faculty who opposed the proposed legislation. After several hearings the bill was again favorably reported and passed the House, but too late, I am informed, to pass it in the Senate.

GEO. H. ROHÉ, *Chairman.*

REPORT OF THE COMMITTEE ON PUBLICATION.

Mr. President and Gentlemen:

One thousand copies of the TRANSACTIONS of the Medical and Chirurgical Faculty were printed and distributed to the members of this Society, and to foreign medical societies, also 250 copies each, of the President's and of the Orator's address. The cost of issuing the TRANSACTIONS was comparatively small, owing to the revenue obtained from the advertisements. It is desirable that members should give their names and addresses to the Secretary, so that they may appear correctly upon the mailing list.

J. WILLIAMS LORD, *Chairman.*

RULES FOR THE GOVERNMENT OF THE LIBRARY.

Adopted May 9th and 12th, 1892.

I. The Librarian or Assistant Librarian shall attend in the Library Rooms daily, except Sunday and legal holidays, from 10 o'clock A. M. until 7 o'clock P. M., during which hours only books and journals may be taken from the Library.

II. Each member of the Faculty, paying the annual dues, shall be entitled to take out at one time, four volumes duodecimo, two volumes octavo, one volume quarto or one volume folio. This rule may be suspended by the written order of three members of the Library Committee.

III. City members retaining books longer than *two weeks* and county members longer than *four weeks*, shall be subject to a fine of two cents per day for each day thereafter and two cents for each mailed notice. Such fines shall be appropriated exclusively for the benefit of the Library.

IV. No book shall be delivered to a member unless in person or to his written order. A member receiving a book shall be held responsible for it from the time of its delivery until its return to the Library.

V. A member not returning a book or books belonging to the Library within four weeks after the date of receiving them, shall be notified *by the Librarian* that he is incurring a fine; and if they be not returned within three months, in the absence of satisfactory reasons therefor, the Librarian shall recover them, or, if they be lost, their

value in behalf of the Faculty; otherwise the defaulting member shall forfeit the privileges of the Library, and shall be reported at the next annual convention of the Faculty, by the Library Committee. Should any book be injured or defaced while in the possession of a member, he shall be fined at the discretion of the Library Committee, or, at his option, may furnish such a copy of the same work as shall be acceptable to the Committee.

VI. If any member, upon returning a book, shall find that there has been no application for it while in his possession, he may take it again for the time allowed in Rule III, but may not take it out a third time until after the expiration of one week succeeding its return to the Library. New books may not be taken by members for more than one term of two weeks until after the expiration of one additional week after their term.

VII. Members are not entitled to receive books from the Library until all arrearages for fines are paid. Fines may be remitted or reduced, for just and sufficient reasons, by the Library Committee.

VIII. The Librarian shall appropriately number and stamp the books, pamphlets and periodicals, and place them in proper order on the shelves. He shall obtain and keep a correct list of the members paying the annual dues. He shall record, in a book kept for that purpose, the names of members who receive books from the Library, the titles and sizes of the books, the time of their delivery and of their return. He shall continue the catalogue of the books, pamphlets, periodicals, etc.; keep an account of all moneys received by him for fines, contributions, sales, etc.; which moneys he shall pay into the hands of the Chairman of the Library Committee on the last week day of each month. He shall report during the last week in March of each year to the Library Committee, a statement of such donations

of money or of books as may have been made to the Library, with the names of the donors, as well as of such books, pamphlets, periodicals or of other valuable matter as may have come into the possession of the Library by purchase, exchange, or otherwise. He shall keep a record of all books, periodicals, etc., upon the subscription list of the Library Committee, shall keep due record of their receipt at the proper time, and shall report to the Library Committee the non-receipt of any when overdue. He shall keep on file applications for such books as may have been let out of the Library, and make any suggestion to the Committee he may deem necessary.

IX. Under no circumstances will members be permitted to remove new books, new journals, or other recently received matter, before such time as the Library Committee shall determine.

X. Scarce and valuable books, which would be difficult to replace, shall not be removed from the Library rooms without the approbation of two members of the Library Committee.

XI. The Librarian is empowered to sell or exchange duplicate books, journals, etc., upon such terms as may appear advantageous, upon the approval of the Library Committee.

XII. No unbound journals are to be taken out of the Library. New books are to be retained on the shelves for three months before they can circulate.

LIST OF PRESIDENTS—1799–1898

UPTON SCOTT—1799–1801.
PHILIP THOMAS—1801–15.
ENNALS MARTIN—1815–20.
ROBERT MOORE—1820–26.
ROBERT GOLDSBOROUGH—1826–36.
MAXWELL MCDOWELL—1836–41.
JOEL HOPKINS—1841–48.
RICHARD SPRIGG STEUART—1848–51.
WILLIAM W. HANDY—1851–52.
MICHAEL S. BEAR—1852–53.
JOHN L. YATES—1853–54.
JOHN FONERDEN—1854–55.
JACOB BAER—1855–56.
CHRISTOPHER C. COX—1856–57.
JOSHUA I. COHEN—1857–58.
JOEL HOPKINS—1858–59.
GEO. C. M. ROBERTS—1859–70.
JOHN R. W. DUNBAR—1870.
NATHAN R. SMITH—1870–72.
P. C. WILLIAMS—1872–73.
CHARLES H. OHR—1873–74.
HENRY M. WILSON—1874–75.
JOHN MONMONIER—1875–76.
CHRISTOPHER JOHNSTON—1876–77.
ABRAM B. ARNOLD—1877–78.
SAMUEL P. SMITH—1878–79.
SAMUEL C. CHEW—1879–80.
H. P. C. WILSON—1880–81.

FRANK DONALDSON—1881–82.
WILLIAM M. KEMP—1882–83.
RICHARD MCSHERRY—1883–84.
THOMAS S. LATIMER—1884–85.
JOHN R. QUINAN—1885–86.
GEORGE W. MILTENBERGER—1886–87.
I. EDMONDSON ATKINSON—1887–88.
JOHN MORRIS—1888–89.
AARON FRIEDENWALD—1889–90.
THOMAS A. ASHBY—1890–91.
WM. H. WELCH—1891–92.
L. MCLANE TIFFANY—1892–93.
GEORGE H. ROHE—1893–94.
ROBERT W. JOHNSON—1894–95.
J. EDWIN MICHAEL—1895–96.
CHAS. G. HILL—Dec. 95–May, 96.
WILLIAM OSLER—1896–97.
CHARLES M. ELLIS—1897–98.

LIST OF VICE-PRESIDENTS.

1799–1848—.....
1848–51—John Readel, Jacob Baer, P. Wroth.
1851–52—.....
1852–53—.....
1853–54—John Fonerden, Albert Ritchie, P. Wroth.
1854–55—Geo. C. M. Roberts.
1855–56—Geo. C. M. Roberts, G. W. Miltenberger, M. Diffenderfer.
1856–57—P. Wroth, Wm. H. Davis, Samuel Smith.
1857–58—Wm. Waters, Frederick Dorsey, Joel Hopkins.
1858–59—Samuel Chew, Stephen N. C. White, Samuel K. Handy.
1859–60—John W. R. Dunbar, Samuel Chew, Wm. M. Kemp.
1860–71—.....
1871–72—C. H. Ohr, Edward Warren, Richard McSherry.
1872–73—.....
1873–74—S. C. Chew, H. M. Wilson, A. B. Arnold.
1874–75—Francis T. Miles, Jas. A. Steuart, D. A. O'Donnell.
1875–76—Christopher Johnston, A. B. Arnold, J. C. Thomas.
1876–77—P. C. Williams, Jas. A. Steuart, Francis T. Miles.
1877–78—S. C. Chew, F. E. Chatard, Chas. H. Jones.
1878–79—Jas. C. Thomas, L. McLane Tiffany.
1879–80—H. P. C. Wilson, Jas. A. Steuart.

1880–81—L. McLane Tiffany, G. Ellis Porter.
1881–82—A. H. Bayly, I. E. Atkinson.
1882–83—Thomas S. Latimer, Richard McSherry.
1883–84—W. Stump Forwood, J. S. Lynch.
1884–85—John R. Quinan, I. E. Atkinson.
1885–86—E. C. Baldwin, J. E. Michael.
1886–87—Thos. Opie, Richard Gundry.
1887–88—Chas. H. Jones, Jas. Carey Thomas.
1888–89—J. E. Michael, Thos. P. Evans.
1889–90—T. A. Ashby, C. G. W. MacGill.
1890–91—Geo. H. Rohe, J. McPherson Scott.
1891–92—J. W. Humrichouse, David Streett.
1892–93—J. W. Downey, J. W. Chambers.
1893–94—John D. Blake, John S. Fulton.
1894–95—Chas. H. Jones, W. M. Nihiser.
1895–96—Chas. G. Hill, Clotworthy Birnie.
1896–97—Wilmer Brinton, Randolph Winslow.
1897–98—W. F. A. Kemp, George J. Preston.

The list of Vice-Presidents exposes the incompleteness of our records. It is earnestly hoped that all members of the Faculty who possess or may discover records of election or lists of officers for any year from 1799–1848, 1851–53, 1860–71, or 1872–73 will communicate such information to the Recording Secretary.

ACTIVE MEMBERS—1898.

† Three years in arrears for dues, and will hereafter be dropped.

Abel, John J., 1604 Bolton St., Baltimore.
Abercrombie, John R., 827 N. Eutaw St., Baltimore.
Adams, James F., U. S. Marine Hospital, Baltimore.
Adler, Harry, 1215 Madison Ave., Baltimore.
Algire, Harry C., 516 5th Ave., N. Hampden, Md.
Ames, Delano, 108 E. Preston St., Baltimore.
Anderson, Charles L. G., Hagerstown, Md.
Anderson, Edward, Rockville, Md.
Andre, J. Ridgeway, 1123 E. Baltimore St., Baltimore.
Annan, Robert L., Emmitsburg, Md.
Archer, W. S., Belair, Md.
Aronsohn, T. Abraham, 1601 Linden Ave., Baltimore.
Ashby, Thomas A., 1125 Madison Ave., Baltimore.
Atkinson, A. Duval, 609 Cathedral St., Baltimore.
Atkinson, G. T., Crisfield, Md.
Atkinson, I. E., 609 Cathedral St., Baltimore.
Baldwin, Ed. C., 304 N. Exeter St., Baltimore.
Baltzell, Wm. H., Frederick, Md.
Barker, Lewellys F., Johns Hopkins Hospital, Baltimore.
Barnes, Wm. M., 1525 W. Lanvale St., Baltimore.
Barton, H. R., Easton, Md.
Batchelor, Kemp B., 1807 N. Charles St., Baltimore.
Bateman, James M. A., Easton, Talbot Co., Md.
Bates, J. W. P., 1830 Madison Ave., Baltimore.
Baxley, Henry M., 1531 Madison Ave., Baltimore.
Beckley, E. L., Middletown, Md.
Belt, Alfred M., 1031 Cathedral St., Baltimore.
Belt, S. J., 314 N. Exeter St., Baltimore.
Bennett, James Bates, 23 S. Broadway, Baltimore.
Bennum, Charles H., Girdletree, Md.

Benson, B. R., Cockeysville, Md.
Benson, James E., Cockeysville, Md.
Berkley, Harry J., 1303 Park Ave., Baltimore.
Bernstein, Ed. J., 800 Madison Ave., Baltimore.
Bevan, C. Fred., 807 Cathedral St., Baltimore.
Biedler, H. H. 119 W. Saratoga St., Baltimore.
Billingslea, James H., Westminster, Md.
Billingslea, M. B., 1206 E. Preston St., Baltimore.
Birnie, Clotworthy, Taneytown, Md.
Bishop, E. Tracy, Smithsburg, Md.
Bishop, John S., 1627 McCulloh St., Baltimore.
Blaisdell, W. S., Punxsutawney, Pa.
Blake, Charles F., 1503 E. Baltimore St., Baltimore.
Blake, John D., 602 S. Paca St., Baltimore.
Bloodgood, Jos. C., Johns Hopkins Hospital, Baltimore.
Blum, Joseph, 1816 Madison Ave., Baltimore.
Bolgiano, Walton, 2020 N. Charles St., Baltimore.
Bolton, John H., 1120 N. Gay St., Baltimore.
Bombaugh, Charles C., 836 Park Ave., Baltimore.
Bond, A. Kerr, 803 Park Ave., Baltimore.
Bond, S. B., 6 W. Read St., Baltimore.
Booker, W. D., 853 Park Ave., Baltimore.
Bordley, James, Centreville, Md.
Bosley, James, 1100 W. Lanvale St., Baltimore.
Bowen, Josiah S., Mt. Washington, Baltimore Co., Md.
Bowie, H. S., 811 N. Eutaw St., Baltimore.
Brack, Charles Emil, Jr., 21st St. and Greenmount Ave., Baltimore.
Branham, J. H., 538 N. Arlington Ave., Baltimore.
Bratton, Howard, Elkton, Md.
Brawner, J. B., Emmittsburg, Md.
Brayshaw, Thomas H., Glenburnie, Md.
Bressler, Frank C., 1713 Bank St., Baltimore.
Brinton, Wilmer, S. W. Cor. Calvert and Preston Sts., Baltimore.
Briscoe, Philip, Port Republic, Md.
Brooke, Charles H., Brooklyn, Anne Arundel Co., Md.
Bromwell, J. E., Mt. Airy, Md.
Browne, B. B., 510 Park Ave., Baltimore.
Brown, Francis E., St. Agnes Hospital, Carroll P. O., Md.

Brush, Ed. N., Sheppard Asylum, Towson, Md.
Buck, Jefferies, 1051 Aisquith St., Baltimore.
Buckler, Thomas H., 1112 N. Charles St., Baltimore.
Buddenbohn, C. L., 418 S. Paca St., Baltimore.
Buffington, John A., New Windsor, Md.
Butler, John DeC., Belair, Md.
Byrne, Bernard J., Ellicott City, Md.
Cairnes, George H., 21 W. 25th St., Baltimore.
Cameron, Fred. J., 425 N. Broadway, Baltimore.
Campbell, Robert Hamilton, 2121 Maryland Ave., Balto.
Campbell, W. H. H., Ellicott City, Md.
Canfield, Wm. B., 1010 N. Charles St., Baltimore.
Carpenter, George H., Cumberland, Md.
Carrico, Louis C., Hughesville, Charles County, Md.
Carroll, C. J., 2516 E. Baltimore St., Baltimore.
Cassidy, Henry F., 408 Roland Ave., Roland Park, Md.
Cathell, D. W., 1308 N. Charles St., Baltimore.
Cathell, W. T., 1308 N. Charles St., Baltimore.
Chamberlaine, J. E. M., Easton, Md.
Chambers, John W., 18 W. Franklin St., Baltimore.
Chaney, Thomas M., Dunkirk, Md.
Chaplain, James S., Trappe, Md.
Chatard, Ferd. E., 516 Park Ave., Baltimore.
Chew, Samuel C., 215 W. Lanvale St., Baltimore.
Chisolm, Frank, M., 114 W. Franklin St., Baltimore.
Chisolm, Julian J., 114 W. Franklin St., Baltimore.
Christian, J. H., 1801 Madison Ave., Baltimore.
Chunn, W. P., 1023 Madison Ave., Baltimore.
Clagett, J. E., 108 S. Eutaw St., Baltimore.
Clark, Joseph Clement, Catonsville, Md.
Clark, Thad. W., 10 W. Hamilton St., Baltimore.
Clark, W. B., South Baltimore, Md.
Clemson, Harry E., Port Deposit, Cecil Co., Md.
Clewell, A. A., 1741 Hartford Ave., Baltimore.
Collins, Rollin P., Bishopville, Worcester Co., Md.
Cone, Claribel, 1616 Eutaw Place, Baltimore.
Cone, Sydney M., 1616 Eutaw Place, Baltimore.
Conradi, L. E., 1227 Gilford Ave., Baltimore.
Cook, Carlton M., 1052 Myrtle Ave., Baltimore.
Cooke, Theodore, 914 N. Charles St., Baltimore.

Cooke, Theodore, Jr., 518 Hanover St., Baltimore.
Cordell, E. F., 2032 Maryland Ave., Baltimore.
Corkran, James M., Centreville, Queen Anne Co., Md.
Corse, George F., Gardenville, Md.
Corse, W. D., Gardenville, Md.
Councell, T, A., Easton, Md.
Craigen, W. J., Cumberland, Md.
Craighill, James M., 1730 N. Charles St., Baltimore,
Crawford, Albert C., 1009 N. Caroline St., Baltimore.
Cromwell, M. J., 1305 N. Charles St., Baltimore.
Crouch, J. F., 412 Cathedral St., Baltimore.
Crowe, Stephen, Cumberland, Md.
Cullen, Thomas S., 3 W. Preston St., Baltimore.
Cushing, Harvey W., Johns Hopkins Hospital, Baltimore.
Dashiell, N. L., 201 N. Broadway, Baltimore.
Dare, George S., Rising Sun, Cecil Co., Md.
Dausch, P. G., 1731 E. Baltimore St., Baltimore.
Davidson, Charles F., Queenstown, Md.
Davison, Garland Hamner, 1016 N. Calvert St., Balto.
Davis, John, 2102 Orleans St., Baltimore.
Davis, P. L., 913 N. Fulton Ave., Baltimore.
Davis, S. G., 201 Madison St., Baltimore.
Davis, S. Seibert, Boonsboro, Md.
Deets, James E., Clarksburg, Md.
DeKrafft, S. Chase, Cambridge, Md.
Dent, Walter B., Oakley, St. Mary's County, Md.
Derr, H. K., Hagerstown, Md.
Deweese, Cornelius, Catonsville, Md.
Dickinson, G. E., Upper Fairmount, Md.
Dickson, John, Baltimore.
Dixon, Charles H., Jr., 1530 W. Fayette St., Baltimore.
Dobbin, George W., Johns Hopkins Hospital, Baltimore.
Dobyns, Frederick, 1122 Madison Ave., Baltimore.
Doerner, John A., Cumberland, Md.
Doran, Peter J., 334 E. Lafayette Ave, Baltimore.
Dorsey, Reuben, M., 727 3rd Ave., N. Baltimore.
Douglas, Eugene, Oxford, Md.
Downes, Clarence E., 400 Park Ave., Baltimore.
Dunott, Daniel Z., Union Protestant Infirmary, Baltimore.
Dunton, Wm. R., Jr., Sheppard Asylum, Towson, Md.

Duval, Wirt A., 1609 Edmondson Ave., Baltimore.
Dwinelle, James E., 1701 E. Baltimore St., Baltimore.
Eareckson, Edith, 932 Madison Ave., Baltimore.
Eareckson, W. R., Elkridge, Md.
Earle, Samuel T., 1431 Linden Ave., Baltimore.
Eastman, Lewis M., 772 W. Lexington St., Baltimore.
Eilau, E. W., 1908 Madison Ave., Baltimore.
Eldred, Frank C., Sparrow's Point, Md.
Elgin, W. F., Bethsada, Md.
Ellis, Charles M., Elkton, Md.
Ellis, E. Dorsey, 733 W. Fayette St., Baltimore.
Ellis, R. H. P., 1704 Park Ave, Baltimore.
Emory, Thomas H., Taylor, Harford Co., Md.
Erich, Louise, 613 Park Ave., Baltimore.
Evans, B. D., Morris Plains, New Jersey.
Evans, Sheldon G., Sitka, Alaska.
Feddeman, Wm. H., 102 Chestnut Ave., Baltimore.
Field, Philip S., 700 N. Fulton Ave., Baltimore.
Fincke, Fred. H., Baltimore.
Finney, J. M. T., 923 N. Charles St., Baltimore.
Fiske, John D., 11 S. Gay St., Baltimore.
Fleming, George A., 1018 Madison Ave., Baltimore.
Flexner, Simon, Johns Hopkins Hospital, Baltimore.
Fooks, F. E., 1519 E. Baltimore St., Baltimore.
Fort, Samuel J., Ellicott City, Md.
Frames, W. W., 922 Madison Ave., Baltimore.
Franklin, Charles M., Sheppard Asylum, Towson, Md.
Frey, Lewis F., 2470 Druid Hill Ave., Baltimore.
Friedenwald, Aaron, 310 N. Eutaw St., Baltimore.
Friedenwald, Harry, 1029 Madison Ave., Baltimore.
Friedenwald, Julius, 310 N. Eutaw St., Baltimore.
Fulton, John S., 1810 N. Charles St., Baltimore.
Funck, J. W., 101 N. Fulton Ave., Baltimore.
Gaines, John M., Hagerstown, Md.
Gamble, Cary B., Jr., 925 Cathedral St., Baltimore.
Gardner, W. S., 1012 McCulloh St., Baltimore.
Gaver, W. E., Mt. Airy, Md.
Gavin, Frank D., The Church Home and Infirmary, Balto.
Geer, Edwin, 1614 Bolton St., Baltimore.
George, Enoch, Denton, Md.

Getz, Charles, 312 N. Carey St., Baltimore.
Gibbons, E. E., 1102 W. Lafayette Ave., Baltimore.
Gibbons, James E., 1102 W. Lafayette Ave., Baltimore.
Gibbons, Wm. H., Croom, Prince George's Co., Md.
Gibbs, E. C., 316 E. North Ave., Baltimore.
Gichner, Joseph E., 2102 Madison Ave., Baltimore.
Gilchrist, Thomas C., 317 N. Charles St., Baltimore.
Giles, Alfred B., 1340 N. Aisquith St., Baltimore.
Gleitsman, J. W., 46 E. 25th St., New York, N. Y.
Goldsborough, Brice W., Cambridge, Md.
Goldsmith, R. H., 647 N. Calhoun St., Baltimore.
Gombel, W. G., 835 W. Fayette St., Baltimore.
Goodman, H. H., 410 Hanover St., Baltimore.
Gorter, N. R., 1 W. Biddle St., Baltimore.
Gosweiler, A. V., 1300 E. Baltimore St., Baltimore.
Green, Wm., 1124 N. Charles St., Baltimore.
Greenley, Thomas W., 1805 N. Charles St., Baltimore.
Greenwell, Frances T., Cumberland, Md.
Grempler, E. A. F., 517 Scott St., Baltimore.
Criffith, L. A., Upper Marlboro, Md.
Griffith, Timothy, Frostburg, Md.
Grimes, J. H., 2100 Maryland Ave., Baltimore.
Gross, Harry, 1304 S. Charles St., Baltimore.
Grove, B. F., 1302 N. Caroline St., Baltimore.
Gundry, Alfred T., Station D., Baltimore, Md.
Gundry, Lewis H., Carroll, Baltimore Connty, Md.
Gundry, R. F., Catonsville, Md.
Gwyn, Norman B., Johns Hopkins Hospital, Baltimore.
Gwynn, H. B., 724 N. Gilmor St., Baltimore.
Hadel, Albert K., 136 W. Lanvale St., Baltimore.
Hall, Reverdy M., 1019 Druid Hill Ave., Baltimore.
Hall, T. B., Mt. Winans, Md.
Hall, Wm. Fletcher, Crisfield, Md.
Halstead, W. S., 1201 Eutaw Place, Baltimore.
Hammond, John T., Berlin, Worcester Co., Md.
Hardcastle, Hughlett, University Hospital, Baltimore.
Hardcastle, Jerome H., Cecilton, Md.
Harlan, Herbert, 516 Cathedral St., Baltimore.
Harris, John C., 773 W. Lexington St., Baltimore.
Hart, J. B., 1137 York Road, Baltimore.

Hartman, George A., 1121 N. Caroline St., Baltimore.
Hartman, Jacob H., 5 W. Franklin St., Baltimore.
Hartwig, Charles W., 111 W. Saratoga St., Baltimore.
Hawkins, Arthur, Maryland Hospital for Insane, Catonsville, Md.
Hayden, H. H., 1425 Light St., Baltimore.
Hemmeter, John C., 1734 Linden Ave., Baltimore.
Hempel, J. Fred., 1103 Valley St., Baltimore.
Henkel, Charles B., Annapolis, Md.
Herman, H. S., Hagerstown, Md.
Herman, Nathan, 1812 Madison Ave., Baltimore.
Herring, Arthur P., 2039 McCulloh St., Baltimore.
Hessey, John H., Hainesville, Kent Co., Md.
Heyde, E. W., Parkton, Md.
Hill, Charles G., 317 N. Charles St., Baltimore.
Hines, W. F., Chestertown, Md.
Hirsh, José L., 1513 Madison Ave., Baltimore.
Hobach, J. U., 2116 N. Calvert St., Baltimore.
Hocking, George H., Govanstown, Md.
Hodgdon, Alex. L., 1255 W. Lafayette Ave., Baltimore.
Hoffmann, Robert, 613 Park Ave., Baltimore.
Hollowway, T. A. J., Bishopville, Worcester Co., Md.
Holmes, Louise D., 708 N. Howard St., Baltimore.
Hopkins, Howard H., New Market, Md.
Hopkinson, B. M., 5 W. Saratoga St., Baltimore.
Horn, August, 697 W. Mulberry St., Baltimore.
Horn, Louis C., 697 W. Mulberry St., Baltimore.
Howard, W. Lee, 1126 N. Calvert St., Baltimore.
Howard, W. T., 804 Madison Ave., Baltimore.
Huck, John G., 647 W. Lafayette Ave., Baltimore.
Hundley, J. M., 1009 Cathedral St., Baltimore.
Humrichouse, J. W., Hagerstown, Md.
Hurd, H. M., Johns Hopkins Hospital, Baltimore.
Iglehart, N. E. B., 1813 N. Calvert St., Baltimore.
Iglehart, J. D., 1214 Linden Ave., Baltimore.
Ingle, J. L., 1007 W. Lanvale St., Baltimore.
Ireland, D. S. C., 1420 E. Chase St., Baltimore.
Irons, E. P., 1835 E. Baltimore St., Baltimore.
Jenness, John H., Rising Sun, Cecil Co., Md.
Jones, Charles P., Snow Hill, Worcester Co., Md.

Jones, George H., Barstow, Calvert Co., Md.
Jones, Paul, Snow Hill, Worcester Co., Md.
Jacobs, H. Barton, 906 Cathedral St., Baltimore.
Jackson, Wm. Andrew, Jr., 1214 Eutaw Place, Baltimore.
Jacobs, C. C., Frostburg, Md.
Jacobs, J. K. H., Kennedyville, Md.
Jamar, J. H., Elkton, Md.
Jarrett, H. S., Towson, Md.
Jay, John G., 927 McCulloh St., Baltimore.
Jenkins, Felix, 400 Cathedral St., Baltimore.
Jewett, F. C., 2238 Druid Hill Ave., Baltimore.
Johnson, Robert W., 101 W. Franklin St., Baltimore.
Johnston, Samuel, 204 W. Monument St., Baltimore.
Johnson, T. B., Adamstown, Md.
Jones, C. Hampson, 211 W. Franklin St., Baltimore.
Jones, Edgar A. P., Wingate, Dorchester County, Md.,
Jones, E. E., Pennnsylvania and Wylie Aves., Baltimore.
Keene, S. A., 1322 W. Lanvale St., Baltimore.
Kefauver, E. C., Thurmont, Md.
Keirle, N. G., 1419 W. Lexington St., Baltimore.
Kelly, Howard A., 1418 Eutaw Place, Baltimore.
Kemp, H. M., Alexander, W. Va.
Kemp, W. F. A., 305 N. Greene St., Baltimore.
Kennedy, J. H., Aberdeen, Md.
Kennedy, S. D., Annapolis, Md.
Keown, T. W., 848 W. North Ave., Baltimore.
King, J. T., 640 N. Carrollton Ave., Baltimore.
King, S. H., Johns Hopkins University, Baltimore.
Kirby, Francis J., St. Joseph's Hospital, Baltimore.
Knight, Louis W., 320 N. Greene St., Baltimore.
Knipp, Harry E., 523 Scott St., Baltimore.
Kroh, Wm., 1304 W. Lafayette Ave., Baltimore.
Krozer, John J. R., 662 W. Lexington St., Baltimore.
Lanier, B. B., 27 W. Chase St., Baltimore.
Larned, Charles W., 1327 Park Ave., Baltimore.
Latané, Samuel P., 1412 Park Ave., Baltimore.
Latimer, Matthias R., Aquasco, Md.
Latimer, Thomas S., 211 W. Monument St., Baltimore.
Lazear, Jesse W., 127 W. Lanvale St., Baltimore.
Leatherman, Marshall E., 1415 Q St., N. W., Washington, D. C.

Leonard, B. F., 125 Jackson Square, Baltimore.
Lewis, John Latane, Kensington, Md.
Lewis, Wm. M., 1220 Linden Ave., Baltimore.
Likes, Sylvan H., 26 W. Franklin St., Baltimore.
Link, Ferd. C., 1703 N. Fulton Ave., Baltimore.
Linthicum, Thomas Waters, Savage, Md.
Lloyd, Thomas P., Md. General Hospital, Baltimore.
Lockwood, W. F., 8 E. Eager St., Baltimore.
Lord, J. Williams, 345 N. Charles St., Baltimore.
Lumpkin, T. M., 412 S. Paca St., Baltimore.
MacCalman, Duncan, Maryland General Hospital, Balto.
Mace, S. Viers, Rossville, Md.
Macgill, Charles G. W., Catonsville, Md.
Macgill, James Charles, Catonsville, Md.
Mackenzie, E. E., 324 W. Biddle St., Baltimore.
Mackenzie, John N., 605 N. Charles St., Baltimore.
Magruder, W. E., Olney, Md.
Magruder, W. Edward, 922 Madison Ave., Baltimore.
Malone, Fred. R., Greensborough, Caroline County, Md.
Mann, A. H., Jr., 934 Madison Ave., Baltimore.
Mansfield, R. W., 129 S. Broadway, Baltimore.
Marsh, W. H., Solomon's Island, Md.
Martenet, J. F., 1441 N. Gay St., Baltimore.
Martin, Frank, 1000 Cathedral St., Baltimore.
Martin, J. S., 302 W. Dolphin St., Baltimore.
Mason, A. S., Hagerstown, Md.
Massenberg, R. C., Towson, Md.
Maxwell, W. S., Still Pond, Md.
McCleary, Standish, 1609 Linden Ave., Baltimore.
McComas, H. W., Oakland, Md.
McComas, Josiah L., Oakland, Md.
McConachie, A. D., 16 Franklin St., Baltimore.
McCormick, James L., 1631 Madison Ave., Baltimore.
McCormick, Thomas P., 1421 Eutaw Place, Baltimore.
McCrae, Thomas, Johns Hopkins Hospital, Baltimore.
McCurdy, Ira J., Frederick, Md.
McDevitt, Ed. P., 208 Aisquith St., Baltimore.
McDonald, Wm. B., 1104 N. Eutaw St., Baltimore.
McDowell, Charles C., 1521 W. Fayette St., Baltimore.
McElfresh, Charles W., 1441 Hull St., Baltimore.

McGlannan, Alexius, 2005 Madison Ave., Baltimore.
McKnew, Wm. R., 1401 Linden Ave., Baltimore.
McShane, James F., 2 S. Patterson Ave., Baltimore.
McSherry, H. C., 612 N. Howard St., Baltimore.
Medders, Charles H., 646 N. Carey St., Baltimore.
Mellus, Edward L., 10 E. Chase St., Baltimore.
Merrick, Samuel K., 843 N. Eutaw St., Baltimore.
Merritt, James B., Easton, Md.
Messick, Wm. J., 639 Dolphin St., Baltimore.
Micheau, Ellis, 411 S. Sharp St., Baltimore.
Milholland, E. V., 115 W. Franklin St., Baltimore.
Miller, Casper O., 1413 Madison Ave., Baltimore.
Miller, C. R., Mason and Dixon, Pa.
Miller, Wm. Preston, 317 N. Charles St., Baltimore.
Mills, James J., Charles and Centre Sts., Baltimore.
Miltenberger, G. W., 319 W. Monument St., Baltimore.
Mitchell, C. H., 291 Chestnut Ave., Hampden, Baltimore.
Mitchell, Charles W., 1021 Cathedral St., Baltimore.
Mitnick, J. H., 309 N. Exeter St., Baltimore.
Moran, Pedro DeSota, 244 W. Hoffman St., Baltimore.
Morgan, Wilbur P., 315 W. Monument St., Baltimore.
Morris, John, 118 E. Franklin St., Baltimore.
Morris, John N., Springfield Insane Hospital, Md.
Morris, Louis W., Salisbury, Md.
Motter, George T., Taneytown, Md.
Moseley, Wm. E., 614 N. Howard St., Baltimore.
Moyer, Frank G., 1119 E. Baltimore St., Baltimore.
Muncaster, Stuart B., 1510 H St., Washington, D. C.
Muñoz, Ed. A., 1735 Guilford Ave., Baltimore.
Murdoch, Russell, 410 Cathedral St., Baltimore.
Murdoch, Thomas F., 8 W. Read St., Baltimore.
Murray, Robert J., 320 N. Fremont Ave., Baltimore.
Muse, Bernard P., 1002 Edmondson Ave., Baltimore.
Naylor, Henry L. P., Pikesville, Baltimore Co., Md.
Neale, L. Ernest, Read and Calvert Sts., Baltimore.
Neff, John, 701 N. Carrollton Ave., Baltimore.
Nihiser, Winton M., Keedysville, Md.
Nolen, Charles F., 606 N. Charles St., Baltimore.
Nordmann, Fred. R., 1428 N. Bond St., Baltimore.
Norment, R. B., 320 Falls Road, Baltimore.

Norris, Amanda Taylor, 1123 McCulloh St., Baltimore.
Norris, M. D., Sykesville, Md.
O'Donovan, Charles, 10 E. Read St., Baltimore.
Ohle, H. C., 1203 W. Fayette St., Baltimore.
Ohr, Charles H., Cumberland, Md.
Opie, Thomas, 219 W. Monument St., Baltimore.
Osler, Wm., 1 W. Franklin St., Baltimore.
Owings, Edward R., 1319 Madison Ave., Baltimore.
Page, Henry, 4 E. Preston St., Baltimore.
Page, Isham R., 1206 Linden Ave., Baltimore.
Paton, Stewart, 58 W. Biddle St., Baltimore.
Pearson, Frank W., 3 Pleasant St., Baltimore.
Peebles, Thomas C., Lutherville, Md.
Pennington, John I., 1716 Linden Ave., Baltimore.
Perry, W. B., Chase and Greenmount Ave., Baltimore.
Peterman, Harry E., 646 W. Franklin St., Baltimore.
Pillsbury, Wm. J., 602 E. Oxford Ave., Baltimore.
Piper, Jackson, 9 E. Read St., Baltimore.
Platt, Walter B., 802 Cathedral St., Baltimore.
Pole, A. C., 2038 Madison Ave., Baltimore.
Pollack, Flora, 1112 Eutaw Place, Baltimore.
Porter, Minor Gibson, Lonaconing, Md.
Portman, Adeline E., Chevy Chase, Md.
Powell, Alfred H., 805 Park Ave., Baltimore.
Prentiss, Harry G., 809 Gorsuch Ave., Baltimore.
Preston, George J., 819 N. Charles St., Baltimore.
Price, A. Baillie, Frostburg, Md.
Price, A. H., Monkton, Md.
Price, James Marshall, Frostburg, Md.
Purnell, J. B. R., Snow Hill, Md.
Ragan, O. H. W., Hagerstown, Md.
Ramsay, Otto Gustaf, Johns Hopkins Hospital, Baltimore.
Randolph, R. L., 816 Park Ave., Baltimore.
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